B-630

53 0001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0001

Registered No.

BIRTH NO. Non Res.

1. NAME OF DECEASED (Type or Print): Joseph Dennis Brett

2. DATE OF DEATH: Jan-1-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palatka
D. STREET ADDRESS (If rural, give location): Box 482

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 11-8-52
9. AGE (In years last birthday): If Under 1 Year Months: 1½ Days; If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): JACKSONVILLE, FLA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John B. Brett
14. MOTHER'S MAIDEN NAME: Vera MAE LOCKE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tetralogy of Fallot — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

754.0

19A. DATE OF OPERATION: Dec 31, 1952-3
19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29, 1952, *to* 1-1, 1953, *that I last saw the deceased alive on* 1-1, 1953, *and that death occurred at* 3:27 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Arnold Gay M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1-1-53
24C. NAME OF CEMETERY OR CREMATORY: ST. MARYS
24D. LOCATION (City, town, or county) (State): PALATKA, FLA.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 ST. Paul St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-146

53 0002

BIRTH NO. 52-31568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0002
Registered No.

1. NAME OF DECEASED (Type or Print): BABY BOY KIBLER

2. DATE OF DEATH: 1/1/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSP. OF MD.
C. Length of stay in Baltimore: ~~Yrs.~~ ~~Mos.~~ 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALT. 28
D. STREET ADDRESS (If rural, give location): 1308 Ridge Rd.

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 12/31/1952
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 1; If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: PAUL PENDELTON KIBLER
14. MOTHER'S MAIDEN NAME: DOROTHY BAUSERMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MOTHER
ADDRESS:

MEDICAL CERTIFICATION

18. 762.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Pathology

DUE TO

ANTECEDENT CAUSES

(B) Cause Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lumbar meningocele

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1952 *to* 1/1, 1953 *that I last saw the deceased alive on* 1/1, 1953 *and that death occurred at* 8:10 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: James L. Gray M. D.
23B. ADDRESS: Lutheran Hosp. of Md.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 2-52
24C. NAME OF CEMETERY OR CREMATORY: Beams Chapel
24D. LOCATION (City, town, or county) (State): Luray Va.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. Elmer Sons Rustburg, Md.
ADDRESS:

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Name correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

53 0003

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0003

Registered No.

1. NAME OF DECEASED (Type or Print): Frank Lester Smith

2. DATE OF DEATH: Jan. 1st 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 514 Overbrook Rd.

5. SEX: male
6. COLOR OR RACE: w.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 24, 1870
9. AGE (In years last birthday): 72
If Under 1 Year: Months -, Days -
If Under 24 Hours: Hours -, Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Smith (D)
14. MOTHER'S MAIDEN NAME: Caroline Wilson (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 493 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH: Dec. 30, 1952

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia, right lung — INTERVAL BETWEEN ONSET AND DEATH: 1 w

DUE TO

(C) — INTERVAL BETWEEN ONSET AND DEATH: Jan. 1. 1953

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis generalized ✓

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Dec. 30, 1952, *to* Jan. 1, 1953, *that I last saw the deceased alive on* Jan. 1, 1953, *and that death occurred at* 10 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: J D Hubbard M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: Jan. 1. 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 3 1953
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Henry J. Jenkins & Sons
ADDRESS: 4905 York Road

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-423
53 0004

53 0004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Helen Delaughter

2. DATE OF DEATH: Jan 1-1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 522 W. Mulberry St.

C. Length of stay in Baltimore: 35 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 522 W. Mulberry St

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 6
9. AGE (In years last birthday): 57
If Under 1 Year: Months 2 Days 25
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): operator
10B. KIND OF BUSINESS OR INDUSTRY: clothing(a)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-20-8235
17. INFORMANT: Mrs Ethel Nugent ADDRESS: 522 W. Mulberry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of parotid (rt.) — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs.

DUE TO

(B) Generalized metastasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan. 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma parotid, rt
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1952, *to* Jan, 1953, *that I last saw the deceased alive on* Jan 1, 1953, *and that death occurred at* 11:17 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold P. Biehl M. D.
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: Jan 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 3-1952
24C. NAME OF CEMETERY OR CREMATORY: Rest Haven
24D. LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Joseph Lerace Inc.
ADDRESS: 712-14 E. North Ave

VS 150

6904G

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct as this is especially important. Physicians: please write the causes of death clearly and legibly.

W-320

WEdge 53-0005

53 0005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0005

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Vickery Wedge

2. DATE OF DEATH: Jan-1-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4602 Lawn Park Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Upland Apts.
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-04
D. STREET ADDRESS (If rural, give location): 4602 Lawn Park Ave - (29)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 16 1905
9. AGE (In years last birthday): 47 — If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thos. Vickery Wedge
14. MOTHER'S MAIDEN NAME: Etta M. Stem

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Margaret T. Wedge (wife) ADDRESS: Balto

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ac. Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 23, 1945 *to* Jan 1, 1953, *that I last saw the deceased alive on* Jan 1, 1953 *and that death occurred at* 4 30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard Appelquist M. D.
23B. ADDRESS: 2511 Westerstown Rd
23C. DATE SIGNED: Jan 2, 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 3/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart Moore Co.
ADDRESS: Balto

VS 150

45073

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-646

53 0006

V.S. 15 CERTIFICATE CORRECTED 1-8-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0006

Registered No.

BIRTH NO. Non Res.

1. NAME OF DECEASED (Type or Print): PATRICIA FLORENCE MARLER

2. DATE OF DEATH: January 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 1 day (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY: Accomack
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellhaven
D. STREET ADDRESS (If rural, give location): Lee Street

5. SEX: White
6. COLOR OR RACE: Female
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-13-48
9. AGE (In years last birthday): 4 — If Under 1 Year: Months: 6 Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ridley Park, Penna.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Russell Marler
14. MOTHER'S MAIDEN NAME: Doris Miles
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Doris Marler, ADDRESS: Belle Haven, Va.

MEDICAL CERTIFICATION

18. E 812.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Craniocerebral Injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lee Street, Bellhaven, Virginia
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/30/52 12:30 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Pedestrian struck by automobile

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/53
24C. NAME OF CEMETERY OR CREMATORY: Lawncrest
24D. LOCATION (City, town, or county) (State): Penna

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Myatt & Jones Mapp ADDRESS:

VS 151 N-803.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Name correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-200

M. E. C. Released 53 0007

D.O.A.

53 0007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Louis Pika — Pika, Joseph

2. DATE OF DEATH: January 1, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland St. Joseph Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-06
D. STREET ADDRESS (If rural, give location): 2706 Tivoley Avenue

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 19, 1901 ??

9. AGE (In years last birthday): 51 ?? — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Engineer

10B. KIND OF BUSINESS OR INDUSTRY: National Biscuit Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Pika 1M

14. MOTHER'S MAIDEN NAME: Katherine Grona

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): W.W.1

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-01-0887

17. INFORMANT: Mrs. Eva Pika — ADDRESS: 2706 Tivoly Ave Balto, -18

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 20.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1, 1953 *to* January 1, 1953 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:55 am., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph U Knell M. D.

23B. ADDRESS: 1400 N. Caroline St.

23C. DATE SIGNED: Jan. 1, '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan, 5th, 1953

24C. NAME OF CEMETERY: St. Stanislaus

24D. LOCATION (City, town, or county) (State): 1300 Dundalk Ave Baltimore.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: George R. Weber — ADDRESS: 405 S. Ann st

VS 150

583 44

S-426

50-0008

53 0008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0008

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MRS. GRACE R. Schleicher

2. DATE OF DEATH: JAN-1-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Lutheran Hospital Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dulaland & Rogna A Balto 16 Md
C. Length of stay in Baltimore: all life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-06
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE - Md
D. STREET ADDRESS (If rural, give location): 2734 BAKER ST

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-23-1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EWING
14. MOTHER'S MAIDEN NAME: LITTLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS EDNA STRAILMAN — ADDRESS: 2734 BAKER ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion
DUE TO Due to arteriosclerosis
(B) Diabetes
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 14, 1952, *to* January 1st, 1953, *that I last saw the deceased alive on* Dec 31, 1952, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 303 N. Charles St
23C. DATE SIGNED: 1/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN-5-1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Frederick Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thos J Kenny Inc — ADDRESS: 1600 Dolphin St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

W-363

53 0009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0009

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth Ann Woodyard

2. DATE OF DEATH: January 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 19 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Windsor
D. STREET ADDRESS (If rural, give location): Route #1

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-26-94
9. AGE (In years last birthday): 58 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Aaron Woodyard
14. MOTHER'S MAIDEN NAME: Julia Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

157 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

(B) Carcinoma of pancreas

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia, post-anuretic

19A. DATE OF OPERATION: 12-12-52
19B. MAJOR FINDINGS OF OPERATION: Carcinomatosis
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-12, 1952, *to* 1-1, 1953, *that I last saw the deceased alive on* 1-1, 1953, *and that death occurred at* 4:10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: David S. Sarnoff M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/4/53
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Westminster, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. D. Hartzler & Sons
ADDRESS: 7208A New Windsor Union Bridge Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-630
53 0010

53 0010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. REID

1. NAME OF DECEASED (Type or Print): MISS REID PARDOE

2. DATE OF DEATH: 1/1/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: Life - 73 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-41
D. STREET ADDRESS (If rural, give location): 3919 Wilkens Ave. WILKENS AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Oct. 11, 1879
9. AGE (In years last birthday): 73 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Pardoe
14. MOTHER'S MAIDEN NAME: Anna Treutle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Church Home & Hospital — ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — 13 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Coronary Thrombosis — —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerotic Heart disease — —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension — —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1952, *to* 1/1, 1953, *that I last saw the deceased alive on* 12/31, 1953, *and that death occurred at* 1:05 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: David L. Dawson M. D.
23B. ADDRESS: Church Home & Hospital
23C. DATE SIGNED: 1/1/53

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 1/3/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: H. T. Cook Inc. — ADDRESS: 1217 St. Paul St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

D-600

53 0011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0011

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THOMAS VINCENT DOWER

2. DATE OF DEATH: Jan. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital
Wyman Pk. Drive & 31st street
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Kentucky
B. COUNTY: K-15
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisville
D. STREET ADDRESS (If rural, give location): 120 W. Fairmont Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/2/03
9. AGE (In years last birthday): 49 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Dower
14. MOTHER'S MAIDEN NAME: A. Hearn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 158X Sarcoma, type undetermined, retroperitoneal, left, with pulmonary metastases — INTERVAL BETWEEN ONSET AND DEATH: Greater than 6 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8/29/52
19B. MAJOR FINDINGS OF OPERATION: Inoperable retroperitoneal mass
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 13, 1952 *to* Jan. 1, 1953, *that I last saw the deceased alive on* Jan. 1, 1953, *and that death occurred at* 4:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: D.W.Patrick, Medical Officer in Charge, M.D.
23B. ADDRESS: US PHS Hospital, Balto, Md.
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/2/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Louisville, Kentucky

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE ADDRESS
Charles D. Sadowski

24055

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 255

53 0012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0012

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine Wiseman

2. DATE OF DEATH: 1-1-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 517 Sheridan Ave
C. Length of stay in Baltimore: Yrs. Mos. Days — Life 88 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 517 Sheridan Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-26-1864
9. AGE (In years last birthday): 88 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Lembach
14. MOTHER'S MAIDEN NAME: Frederica Hunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Bessie Wiseman — ADDRESS: 517 Sheridan Ave

MEDICAL CERTIFICATION

18. 450.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Myocardial failure (Debility) — 12/24/52

DUE TO

(B) arterio-sclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1952, *to* Jan 1, 1953, *that I last saw the deceased alive on* Dec 31, 1952 *and that death occurred at* 2:00 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis A. Krumrein M. D.
23B. ADDRESS: 722 N. Kenwood Ave
23C. DATE SIGNED: 4/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-3-1953
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Glenn F. Seitz — ADDRESS: 5209 York Rd

VS 150

722 N. Kenwood

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

I 521

53 0013

53 0013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EARL E. INSKEEP

2. DATE OF DEATH: JAN. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTO GEN. HOSPITAL
C. Length of stay in Baltimore: 25 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE (22)
D. STREET ADDRESS (If rural, give location): 48 YORKWAY

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 3 1882
9. AGE (In years last birthday): 70
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROLLER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: EDWARD INSKEEP
14. MOTHER'S MAIDEN NAME: EVA LAZELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 213-07-0878
17. INFORMANT: Emma A. Inskeep, ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonitis, left lobe

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 29, 1952, *to* Jan 1, 1953, *that I last saw the deceased alive on* Jan 1, 1953, *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: W. M. Conway M. D.
23B. ADDRESS: South Baltimore Gen'l Hosp
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-5-53
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. CO., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Walter Bruce Bradley, ADDRESS: Dundalk, Md.

VS 150

690 3A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

E-450 53 0014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0014

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHANNA ELINE

2. DATE OF DEATH: 1 JAN. 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital of Balt., Inc.
C. Length of stay in Baltimore: Yrs. 42 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 6404 Liberty Rd

53-00

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 11, 1875
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Charwoman
10B. KIND OF BUSINESS OR INDUSTRY: Mercantile Trust
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Zimmerman
14. MOTHER'S MAIDEN NAME: Johanna Hofmeister
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Charles W. Eline
ADDRESS: 4011 Colborne Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
DUE TO Primary site unknown

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Dec *1952, to* 1 Jan. *1953, that I last saw the deceased alive on* 1 Jan *1953, and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Horace W. Bernton M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 1 Jan '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 5, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington
25. FUNERAL DIRECTOR: Wm O. Tickner & Sons Inc.
ADDRESS: Balto Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

K-510

53 0015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0015

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE ~~[illegible]~~ MARY KNOOP

2. DATE OF DEATH JANUARY 1 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinecrest SANATARIUM

C. Length of stay in Baltimore Yrs. Mos. Days 60

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-04
D. STREET ADDRESS (If rural, give location) Formerly of 2713 W. Balto. St.

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH Mar. 13, 1884

9. AGE (In years last birthday) 68

If Under 1 Year: Months / Days

If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10B. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George A. Wright

14. MOTHER'S MAIDEN NAME Aagdalen Groh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT Mr. Geo. A. Wright Jr. ADDRESS 746 Linnard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 334X

(A) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4½ yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June 24, 1948, *to* JANUARY 1, 1953 *that I last saw the deceased alive on* Dec. 31, 1952, *and that death occurred at* 10.05 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Melvin N. Borden M. D.

23B. ADDRESS 5000 Old Frederick Rd.

23C. DATE SIGNED 1/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Jan. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR JAN 2 1953

REGISTRAR'S SIGNATURE Huntington Willis

25. FUNERAL DIRECTOR Wm. J. Dickens' Sons Inc

ADDRESS Balto Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

E 212

53 0016

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0016

Registered No.

1. NAME OF DECEASED (Type or Print): Charles W. Eschbach

2. DATE OF DEATH: Jan. 1, 1953 11:45 a.m.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Sisters of the Poor
C. Length of stay in Baltimore: 11 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4018 Bonner Rd.
D. STREET ADDRESS (If rural, give location): 15-09

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): widower
8. DATE OF BIRTH: July 16, 1873
9. AGE (In years last birthday): 79
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: Little Sisters of the Poor
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

(B) Arterio-Sclerosis — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1952, *to* Jan 1, 1953, *that I last saw the deceased alive on* Dec 31, 1952, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. Gill Hall MD M. D.
23B. ADDRESS: 1631 E North Ave
23C. DATE SIGNED: Jan 1-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 3, 1953
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn, Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington
25. FUNERAL DIRECTOR: Wm. J. Rehrer & Son, Inc.
ADDRESS: Belts. Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-100

53 0017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0017

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDITH V. HIPP

2. DATE OF DEATH: 1/1/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-03
D. STREET ADDRESS (If rural, give location): 1500 MORELAND AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: July 29, 1891
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard C. Aler
14. MOTHER'S MAIDEN NAME: Madora Silwright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr. Andrew Hipp
ADDRESS: 1500 Moreland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO-RESPIRATORY FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CEREBRAL THROMBOSIS ?

DUE TO

(C) CONGESTIVE FAILURE ?

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1952 *to* 1/1, 1953 *that I last saw the deceased alive on* 1/1, 1953 *and that death occurred at* 6^15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Sharrett M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 3, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickerodsons Inc
ADDRESS: Balto md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

T-615

53-0018

53 0018

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0018

Registered No.

1. NAME OF DECEASED (Type or Print): MARY JOSEPHINE TREFFINGER

2. DATE OF DEATH: Jan. 1. 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 S. Ellwood Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-02
D. STREET ADDRESS (If rural, give location): 608 S. Ellwood Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 21, 1883
9. AGE (In years last birthday): 69 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Nissel
14. MOTHER'S MAIDEN NAME: Margaret Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Charles J. Treffinger, ADDRESS 608 S. Ellwoo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

44rx and 260x

(A) Hypertensive Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 2 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1946 *to* Jan 1953, *that I last saw the deceased alive on* Dec. 31, 1952, *and that death occurred at* 2:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Clarence W. LeDous M. D.
23B. ADDRESS: 3023 Eastern Ave.
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Le Doux
3043 Eastern Ave.

by 11 A.M.

E-162

53-0019 X

53 0019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0019

Registered No.

BIRTH NO. EVERSMEIER, LEONORA

1. NAME OF DECEASED (Type or Print): EVERS MEIER, Leonora

2. DATE OF DEATH: 1/2/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City Md
D. STREET ADDRESS (If rural, give location): 43 Fin Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): (M)
8. DATE OF BIRTH: 11-14-1891
9. AGE (In years last birthday): 61 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Doughnut Co.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Eversmeier
14. MOTHER'S MAIDEN NAME: Elizabeth Frank Voight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-03-4669
17. INFORMANT: Mrs. A. E. Eversmeier — ADDRESS: Ellicott City Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of liver
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Dec 53, 19__, *to* 2 Jan 53, 19__, *that I last saw the deceased alive on* 2 Jan 53, 19__, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.
23B. ADDRESS
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-5-53
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: H. [illegible]
25. FUNERAL DIRECTOR: F. C. Higinbotham — ADDRESS: Ellicott City

VS 150

970 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

B-260

53 0020

53.0020

X

53 0020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OLIVER P. BAKER

2. DATE OF DEATH: JAN. 1ST 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
C. Length of stay in Baltimore: 14 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 917 Lutz Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 2-1910
9. AGE (In years last birthday): 42
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool man
10B. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin
11. BIRTHPLACE (State or foreign country): Pittsburg, Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Baker (Francis)
14. MOTHER'S MAIDEN NAME: Selma Otto

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Marg. E Baker
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Coronary thrombosis — 24 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Coronary sclerosis — 3+ yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN., 1951, *to* 1/1, 1953, *that I last saw the deceased alive on* 12/29, 1953, *and that death occurred at* 4:20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Essex Md
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-5-53
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
24D. LOCATION (City, town, or county) (State): Balto Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thos G. Connelly
ADDRESS: 418 Eastern Ave Balto 21 Md

VS 150

390 3T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

Not a Med. Ex Case
R B Fisher MD
1/2/53

H-530

53 0021

53 0021 X

53 0021

BIRTH NO. Non Res. 1a. LAST

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Dale Edward Hand

2. DATE OF DEATH: Jan. 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 1400 N. Caroline St.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Essex 53-54
D. STREET ADDRESS (If rural, give location): 30 Warren Rd. #21

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 30, 1952
9. AGE (In years last birthday): If Under 1 Year: Months; Days: 2; If Under 24 Hours: Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry A. Hand
14. MOTHER'S MAIDEN NAME: Betty Wingo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Sylvia Myers, ADDRESS: 8002 Eastern Avenue

MEDICAL CERTIFICATION

18. 76 r. 5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

(B) Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1953 *to* Jan. 2, 1953 *that I last saw the deceased alive on* Jan. 2, 1953 *and that death occurred at* 2:00 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. P. Lossy Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/3/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Geo. A. Cook, Inc., ADDRESS: 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

C-610

53-0022

53 0022

BIRTH NO. 52-27141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0022

1. NAME OF DECEASED (Type or Print): PHYLLIS REGINA CRABBE

2. DATE OF DEATH: 1/1/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days 47

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 03
D. STREET ADDRESS (If rural, give location): 2209 W. North Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 11/5/52
9. AGE (In years last birthday): Baby
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Otis F. Crabbe
14. MOTHER'S MAIDEN NAME: Regina Weltz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Otis F. Crabbe ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

493 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

DUE TO

(B) Pneumonia — 9 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/52, 19__, to 1/1/53, 19__, that I last saw the deceased alive on 1/1/53, 19__, and that death occurred at 11 A m., from the causes and on the date stated above.

23A. SIGNATURE: F. W. Gebhardt M. D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: Jan 3-53
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Rutherford Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Bernard G. Zink
ADDRESS: Glen Burnie Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

J-525 53-0023 X

53 0023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0023

Registered No.

BIRTH NO. 53-00005

1. NAME OF DECEASED (Type or Print): BABY GIRL Johnson

2. DATE OF DEATH: 1-1-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2025 W. FAYETTE
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: AA
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dorsey
D. STREET ADDRESS (If rural, give location): Dorsey Md Rt. #4 Box 238

5. SEX: FEMALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-1-52
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 10 Min.: 10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby Girl
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): MD Balto.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HAROLD Johnson
14. MOTHER'S MAIDEN NAME: JUNE TAYLOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Harold W. Johnson
ADDRESS: Dorsey Md. RT #4 Box 238

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

760.0

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1- 1953, *to* 1-1- 1953, *that I last saw the deceased alive on* 1-1, 1953, *and that death occurred at* 4 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: William A. Pressbury M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 1-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/3/53
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.
24D. LOCATION (City, town, or county) (State): Wash. Blvd Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: Hollins St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

H 431
53 0024

53-0024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0024
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT HILDEBRANDT

2. DATE OF DEATH: Jan. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6217 Burgess Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-05
D. STREET ADDRESS (If rural, give location): 6217 Burgess Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 15, 1884
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Iron Foundry, Foreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berlin, Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: August Hildebrandt
14. MOTHER'S MAIDEN NAME: Anna Koenig
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-01-5400
17. INFORMANT: Mrs. Magdalene Busse, ADDRESS: 6217 Burgess

MEDICAL CERTIFICATION

18. 163 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of Rt Lung — 9 mo.
DUE TO
(B) Superior Vena Caval
DUE TO
(C) Obstruction

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Dec., 1952, *that I last saw the deceased alive on* Dec 13, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Elliott Blackstone M. D.
23B. ADDRESS: 1801 Eutaw Place
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/3/52
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington W. Williams M.D.
25. FUNERAL DIRECTOR: Leonard J. Puck, ADDRESS: 5305 Harford Road.

VS 150

52338

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Elliott Michelson
Sinai Hosp. by 2 P.M.
Friday

R-163
53 0025

53 0025

53 0025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANCES E. RUPPERT

2. DATE OF DEATH: JAN. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2812 Halcyon Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-03
D. STREET ADDRESS (If rural, give location): 2812 Halcyon Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 10, 1867
9. AGE (In years last birthday): 85 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Francis
14. MOTHER'S MAIDEN NAME: Elizabeth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Francis Wills, 2812 Halcyon — ADDRESS

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO

(B) Arteriosclerosis, hypertension

DUE TO

(C) & Nephrosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* 1/1, 1953, *that I last saw the deceased alive on* 12/31, 1952, *and that death occurred at* 1:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John C. Schwerich M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Scheurich
1337 S. Charles St.

M-460 53 0026 53-0026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0026

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES A MILLER Jr.

2. DATE OF DEATH: January 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 9 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Lansdowne
D. STREET ADDRESS (If rural, give location): 4725 Gateway Terrace

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 29, 1917
9. AGE (In years last birthday): 35 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter
10B. KIND OF BUSINESS OR INDUSTRY: Kaiser Alum Corp Tubing Div
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: James A. Miller Sr
14. MOTHER'S MAIDEN NAME: Eleanor Conly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Miller — ADDRESS: 4725 Gateway Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Shock

DUE TO Subdural Hemorrhage and Fracture of Right Femur

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

E 823.4

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Harford Rd. 150' south of Parkside Dr.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/1/53 4:00 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Driver of auto that struck pole 27-01

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/3/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Tyrone Penna

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Hartley G. Wilson M.D.
25. FUNERAL DIRECTOR: Harry H. Witzke — ADDRESS: 4101 Edmondson Ave

VS 151

N-854.0 5743C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-652

53-0027

53 0027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0027
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JULIA PARMIGIANI

2. DATE OF DEATH: JANUARY 1st 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2823 Boarman Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (N)
C. Length of stay in Baltimore 50 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-13
D. STREET ADDRESS (If rural, give location): 2823 Boarman Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 10 1867
9. AGE (In years last birthday): 85 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): ASCOLI PICENO ITALY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GIACOMINO MINGARELLI
14. MOTHER'S MAIDEN NAME: FILOMENA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: AIDA DEL NEGRO — ADDRESS: 2823 Boarman Ave

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral Hemorrhage
DUE TO
(B) Arteriosclerosis
DUE TO
(C) Coronary sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1941, *to* Dec., 1952 *that I last saw the deceased alive on* 12-30, 1952 *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold H. Bix M. D.
23B. ADDRESS: 2516 Linden
23C. DATE SIGNED: 1-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 5th 1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Della Rocca
ADDRESS: 322 S. High St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

W-425
53 0028

53-0028 X

53 0028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 166308 AJH

1. NAME OF DECEASED (Type or Print): William Ernest Wilkinson

2. DATE OF DEATH: 1.1.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1712 Taylor Ave City 14

53-00

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov 11. 1885
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Wilkinson
14. MOTHER'S MAIDEN NAME: Catherine Earl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C.H. Records
ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4201

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Recent

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12. 29. *, 19*52*, to* 1.1. *, 19*53*, that I last saw the deceased alive on* 1.1. *, 19*53*, and that death occurred at* 7.10a*m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Fabian Rec. M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 1.1.53.

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: Jan. 3, 1953
24C. NAME OF CEMETERY OR CREMATORY: Orems Method. Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Rodgers Funeral Home
ADDRESS: 7401 Belair Rd.

VS 150

97093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

E-363 53-0029

53 0029

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0029

Registered No.

1. NAME OF DECEASED (Type or Print): HARRIETT JEFFRIES EDWARDS

2. DATE OF DEATH: Jan. 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 Suffolk Road
C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-01
D. STREET ADDRESS (If rural, give location): 319 Suffolk Road

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1 - 2 - 53
9. AGE (In years last birthday): 71 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas E. Jeffries
14. MOTHER'S MAIDEN NAME: Elizabeth Diggs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dr. W. H. Edwards — ADDRESS: 319 Suffolk Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Arteriosclerotic Cardio. vascular disease — 15 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1 1952, *to* Jan 2, 1953, *that I last saw the deceased alive on* Jan 2, 1953, *and that death occurred at* 3:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: George L. Watson M. D.
23B. ADDRESS: 1101 St. Paul St.
23C. DATE SIGNED: 1 - - 53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1 - 5 - 53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Hughes Williams M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.
O M B Mitchell

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. George L. Watson

S-346

30

53 0030

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0030

1. NAME OF DECEASED (Type or Print): EVA M. STAYLOR

2. DATE OF DEATH: Jan. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenway Apts. #405
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): Chas. & 34 th Sts.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 20, 1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Arthur Schligel
14. MOTHER'S MAIDEN NAME: ? Leimback
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr. Edward M. Staylor — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio-Vascular Renal Disease — 5-10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1948, *to* Jan 1, 1953 *that I last saw the deceased alive on* Dec 31, 1952 *and that death occurred at* 9:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: William F. Pearce M. D.
23B. ADDRESS: 2105 N Charles St
23C. DATE SIGNED: Jan 2. 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 3, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs. J. Tuckwell & Son Inc
ADDRESS: Balto Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

K-500

31

53 0031

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0031

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [redacted] is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): RICHARD M. KEEN

2. DATE OF DEATH: Jan. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3609 Liberty Heights Ave.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-38
D. STREET ADDRESS (If rural, give location): 3609 Liberty Heights Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 9, 1882
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Jail
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel M. Keen
14. MOTHER'S MAIDEN NAME: Mary Kazar Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr. John F. Rider — ADDRESS: 2159 Mt. Holly St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — stat

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic CV Disease with Coronary and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Cerebral Sclerosis — 4 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Hemorrhage — 2 1/2 years

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* Dec. 20, 1952, *that I last saw the deceased alive on* Dec. 20, 1952, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John F. Schaefer M. D.
23B. ADDRESS: 401 Random Road
23C. DATE SIGNED: Jan. 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 5, 1953
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Amos Baker & Son Inc — ADDRESS: Balto Md

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53 0032

3L

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0032

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIAN G. LOTTES

2. DATE OF DEATH: Jan. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1400 N. Montford Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 766 Linnard St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 20, 1873
9. AGE (In years last birthday): 79 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Richmond, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Byron Gail
14. MOTHER'S MAIDEN NAME: Rosa ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr. William M. Lottes — ADDRESS: 3937 Stokes Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arterio Sclerosis — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Senile Psychosis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 14, 1952, *to* Jan 1, 1953, *that I last saw the deceased alive on* Dec. 31, 1952, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Pokorny M. D.
23B. ADDRESS: 2200 E Madison St
23C. DATE SIGNED: 1/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 5, 1953
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Elkridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Tickner, Sons Inc
ADDRESS: Balto Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

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SHEA 33

53 0033

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0033

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): JAMES MATTHIAS SHEA SR.

2. DATE OF DEATH: JAN. 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1419 NORTHGATE ROAD
c. Length of stay in Baltimore: LIFE. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-07
D. STREET ADDRESS (If rural, give location): 1419 NORTHGATE ROAD.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-18-82
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BROKER
10B. KIND OF BUSINESS OR INDUSTRY: COAL CO.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MICHAEL J. SHEA (W)
14. MOTHER'S MAIDEN NAME: MARY FITZGERALD. ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JAS. M. SHEA JR. — ADDRESS: 1603 HOLLINWOOD RD.

MEDICAL CERTIFICATION

18. 5-6 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) BRONCHO-PNEUMONIA — 2 WEEKS

DUE TO

(B) CHRONIC PULMONARY EMPHYSEMA — 4 YEARS

DUE TO

(C) BRONCHIECTASIS — (?)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 15, 1952 *to* JAN. 2, 1953 *that I last saw the deceased alive on* JAN 1, 1953 *and that death occurred at* 1 05 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Arthur Karfagin M. D.
23B. ADDRESS: 4230 LOCH RAVEN BLVD.
23C. DATE SIGNED: JAN. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/52
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Zickener & Sons — ADDRESS: Balto. 17, Md.

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53 0034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William A. Coale

2. DATE OF DEATH: Jan 1st 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 So. Fulton Ave
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 754 W. Fayette St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1/3/1876
9. AGE (In years last birthday): 76
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Dealer
10B. KIND OF BUSINESS OR INDUSTRY: For Self
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Coale
14. MOTHER'S MAIDEN NAME: Alice J. Lowe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Mr. R. Lee Coale
ADDRESS: 754 W. Fayette St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

(B) Arteriosclerosis Cardiovascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1952 *to* Dec 31, 1952 *that I last saw the deceased alive on* Dec 31, 1952 *and that death occurred at* 8 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Glassman M. D.
23B. ADDRESS: 753 W. Fayette St
23C. DATE SIGNED: Jan 1 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: H. Eugene Williams, M.D.
25. FUNERAL DIRECTOR: John J. Lowman & Son
ADDRESS: Hollins St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

R-250

35

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0035 BIRTH NO.

Registered No. 53 0035

1. NAME OF DECEASED (Type or Print): RAYMOND RIGNEY

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 132 S. Palormo Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 4-1920
9. AGE (in years last birthday): 32
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Glue Mfg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Luther Leroy Rigney
14. MOTHER'S MAIDEN NAME: Elsie F. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): II
16. SOCIAL SECURITY NO.: 219-16-6318
17. INFORMANT: Mrs. Lorda Mae Rigney ADDRESS: 132 Palormo Ave

MEDICAL CERTIFICATION

18. E816.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing Injury of the Abdomen with rupture of spleen, rupture of left kidney, and laceration of right kidney and laceration of liver

ANTECEDENT CAUSES

(B) Contusion of Pancreas

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Massive Hemoperitoneum

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Franklin and Eutaw Streets 17-01
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/2/53 3:30 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? auto collison passenger in auto involved in auto and

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: B H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 5-1953
24C. NAME OF CEMETERY OR CREMATORY: U.S. National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George L. Schwab
ADDRESS: 210 Frederick Ave

VS 151

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

C-535

36

53 0036

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0036

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LOUIS E. CONDON SR.

2. DATE OF DEATH: I/7/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland I808 Light St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-03
D. STREET ADDRESS (If rural, give location): I808 Light Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: 6/6/04
9. AGE (In years last birthday): 48 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Shipyards
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William
14. MOTHER'S MAIDEN NAME: Mamie Woolen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung (Right) — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
DUE TO Primary

ANTECEDENT CAUSES

(B)
DUE TO
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Pulmonary Congestion — 2 days

19A. DATE OF OPERATION: Dec 3 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Lung (Right)
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 30, 1952, *to* Jan 1, 1953, *that I last saw the deceased alive on* Dec 31, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Isaac Miller MD M. D.
23B. ADDRESS: 225 S. Charles St.
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: I/5/53
24C. NAME OF CEMETERY OR CREMATORY: East New Market
24D. LOCATION (City, town, or county) (State): Cambridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James T. McCully — ADDRESS: I30 E. Fort Avenue

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53 0037

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0037

Registered No.

1. NAME OF DECEASED (Type or Print): Degele, Annie

2. DATE OF DEATH: 1-2-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-04
D. STREET ADDRESS (If rural, give location): 514 Charing Cross

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 13, 1874
9. AGE (In years last birthday): 77 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: CALLIS
14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henry Degele ADDRESS: 514 Charing Cross Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) fracture right hip — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) carcinoma of breast

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

E 903.0 and 170 X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

M. D.

CHIEF OR ACTG. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 514 Charing Cross
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/00/52 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped & fell to floor spontaneous fall.

22. I hereby certify that I attended the deceased from 10-24, 1952, to 1-2, 1952, that I last saw the deceased alive on 1-2, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

23A. SIGNATURE: W L Hermes M. D.
23B. ADDRESS: Univ Hosp
23C. DATE SIGNED: 1-2 52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-6-53
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George T. Talley
ADDRESS: Catonsville, Md.

VS 150

N-820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 49-27053 53 0038 258 38

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0038

1. NAME OF DECEASED (Type or Print): Celeste Mason

2. DATE OF DEATH: Jan. 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 53-0038
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore CATONSVILLE
D. STREET ADDRESS (If rural, give location): 6626 Altamont Ave. (28)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12.11.1949
9. AGE (In years last birthday): 3 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold Mason Deceased
14. MOTHER'S MAIDEN NAME: Bernadine Scholtholt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bernadine Mason — ADDRESS: 66 Baltimore Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

493X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Delirium tremens

DUE TO Overwhelming toxemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral pneumonia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1952 *to* 1-1, 1953 *that I last saw the deceased alive on* 1-1, 1953 *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry K. Kunz M.D.
23B. ADDRESS: St Agnes Hosp
23C. DATE SIGNED: 1-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 5, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Leon D. Riley
ADDRESS: Catonsville Md

VS 150

D-520

CERTIFICATE CORRECTED 1/19/53

53 0039

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0039

1. NAME OF DECEASED (Type or Print): Edward C.Danz Sr.

2. DATE OF DEATH: January Ist.1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): I538 Holbrook Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-09
D. STREET ADDRESS (If rural, give location): I538 Holbrook Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July I9,I899
9. AGE (In years last birthday): 53
If Under 1 Year: Months 5 Days I3
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggage Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Bus Company
11. BIRTHPLACE (State or foreign country): Baltimore,Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Danz
14. MOTHER'S MAIDEN NAME: Adelade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 2I2-09-2693
17. INFORMANT: Mrs.Josephine G.Danz-I538 Holbrook Street
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

142.1

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

DUE TO

ANTECEDENT CAUSES

(B) Salivary gland metastatic to

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cervical and axillary glands, also metastatic to lung.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1, 1953 *to* 1/1/53, 19__, *that I last saw the deceased alive on* 1/1, 1953 *and that death occurred at* 8 00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad L Rubtz M. D.
23B. ADDRESS: 3128 Harford Rd
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: I-5-I953
24C. NAME OF CEMETERY OR CREMATORY: Immanuel Cemetery
24D. LOCATION (City, town, or county) (State): Glendon Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George J. Ruth, Inc.-I735 Harford Avenue
ADDRESS:

VS 150

0 0 5 3

73152

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

B-626

CERTIFICATE CORRECTED 1-8-52

53 0040

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0040

1. NAME OF DECEASED (Type or Print): Mamie Berger

2. DATE OF DEATH: 1/2/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 7-01
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md
D. STREET ADDRESS (If rural, give location): 3101 E. Monument St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ~~1-8-82~~ Bolmbu 1883
9. AGE (In years last birthday): 69 70 — If Under 1 Year: Months / Days 1 22 — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Downing
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ray D. Berger — ADDRESS: 3805 E. Lombard St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio —

DUE TO

(C) Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/29, 1952 *to* 1/2, 1953, *that I last saw the deceased alive on* 1/1, 1953 *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Irving Kramer M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-5-53
24C. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24D. LOCATION (City, town, or county) (State): Eastern Avenue, Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frederick D. Miller Inc
ADDRESS: 3019 E. Monument St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525

41

53 0041

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0041

1. NAME OF DECEASED (Type or Print): CLARENCE JOHNSON

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 4 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 518 W. Cross Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan 17th 1942
9. AGE (In years last birthday): 10
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mullins S C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Douglas
14. MOTHER'S MAIDEN NAME: Margret Hingle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Same
ADDRESS: 518 W Cross St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 3rd/53
24C. NAME OF CEMETERY OR CREMATORY: Hills Chapple NC
24D. LOCATION (City, town, or county) (State): North Carolina

DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O Wilson
ADDRESS: 1000 Brantley

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

N-200 42

53 0042

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0042

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Charles Magnus Ness

2. DATE OF DEATH: Jan. 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USPHS Hospital, Baltimore, Md.
C. Length of stay in Baltimore (Yrs. Mos. Days): 24 days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brooklyn
D. STREET ADDRESS (If rural, give location): 833 59th Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 27, 1885
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Captain
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Magnus Ness
14. MOTHER'S MAIDEN NAME: Carolin Christensen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 132-40-9937
17. INFORMANT: Record, USPHS Hospital, Baltimore, Md. — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 231X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Post operative state thoracotomy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mediastinal tumor — undetermined

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan. 2, 1953
19B. MAJOR FINDINGS OF OPERATION: Mediastinal tumor
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1952, *to* Jan. 3, 1953 *that I last saw the deceased alive on* Jan. 3, 1952, *and that death occurred at* 3:15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: R. T. McDonald, M. D.
23B. ADDRESS: USPHS Hospital, Baltimore, Md.
23C. DATE SIGNED: Jan. 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1-6-53
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St Paul St.

VS 150

24055

A-140

43

53 0043

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0043

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Fred Able (Aebli)

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USPHS Hospital
C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-01
D. STREET ADDRESS (If rural, give location): 4213 Arizona Ave, Baltimore, Md.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 3, 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Aebli
14. MOTHER'S MAIDEN NAME: Jennie Solome

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. War I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Records, USPHS Hospital, ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

157X

(A) Carcinoma of the head of the pancreas with carcinomatosis — Interval: Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/11 19 52 *to* 1/2/53, 19__, *that I last saw the deceased alive on* Jan. 2, 19 53, *and that death occurred at* 8:50P *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. K. McDonald M. D.
23B. ADDRESS: USPHS Hospital, Balto., Md.
23C. DATE SIGNED: Jan 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2-6-1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Nat. Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Edward W. Conklin
ADDRESS: 5444 Belair Rd

VS 150

S-362

44

53 0044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0044

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rose A. Sturgeon

2. DATE OF DEATH: Jan. 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1038 Valley St.
C. Length of stay in Baltimore: 60 Yrs. 11 Mos. 29 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-01
D. STREET ADDRESS (If rural, give location): 1038 Valley St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-21-1892
9. AGE (In years last birthday): 60 — If Under 1 Year: Months 11, Days 29; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George L. Sturgeon
14. MOTHER'S MAIDEN NAME: Rose L. Mooney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Bernardine Furlong ADDRESS 1038 Valley St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cerebral Hemorrhage

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2, 1953 *to* 1/3, 1953, *that I last saw the deceased alive on* 1/3, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

22A. SIGNATURE: A. H. Hornstein M. D.
23B. ADDRESS: 204 E. Biddle St
23C. DATE SIGNED: 1/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-6-53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ernest W. Conklin
ADDRESS: 5444 Belair Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-525

45

53 0045

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0045

Registered No.

1. NAME OF DECEASED (Type or Print): Karen Ainson (KARIN)

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland — Surg Hal 4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 33 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-01
D. STREET ADDRESS (If rural, give location): 3018 E. Monument St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-25-87
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Estonia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Johan Hinno
14. MOTHER'S MAIDEN NAME: Marie Laur

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ca gallbladder + extrahepatic — INTERVAL BETWEEN ONSET AND DEATH: 4-5 months

DUE TO Tree

ANTECEDENT CAUSES

(B) as above

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1953, *to* 1-2, 1953, *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 9 10 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: B. Noland Carter M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1.2.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-5-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): O'Donnell St Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Murdoch T. Blight
ADDRESS: 6009 Harford Rd

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F-400

53 0046

46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0046

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH FELL

2. DATE OF DEATH: 1-3-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2408 East Fairmount Ave
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-02
D. STREET ADDRESS (If rural, give location): 2408 East Fairmount Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 70
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Gersom
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maurice Fell — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) POLIOENCEPHALOMITIS or PROGRESSIVE BULBAR PALSY — 1½ yrs.
DUE TO
(B) ARTERIOSCLEROSIS GEN. — 5 yrs.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PARALYSIS AGITANS — 1-2 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Oct. 19 52 *to* 3 Jan. 19 53 *that I last saw the deceased alive on* Nov. 3 19 52 *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Bichstein M. D.
23B. ADDRESS: 121 S. Highland Ave.
23C. DATE SIGNED: 1/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-4-53
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Halto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

Highstown
3600 Dauphin Road
Gal

G-650

53 0047

47

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0047

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANTHONY JOSEPH GUARINO

2. DATE OF DEATH: Jan. 3. 1953.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 512 E. Arlington Ave

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 13. 1921
9. AGE (In years last birthday): 31
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auditor
10B. KIND OF BUSINESS OR INDUSTRY: Crown Oil Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mariano Guarino (R)
14. MOTHER'S MAIDEN NAME: Michelina Principia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes unknown
16. SOCIAL SECURITY NO.: 213-14-3222
17. INFORMANT: Marion A. Guarino ADDRESS: 512 Arlington Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Dec. 20, 1952

DUE TO

(B) Acute myeloic leukemia — Jan. 3. 1953

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Dec. 20. *, 1952 to* Jan. 3. *, 1952 that I last saw the deceased alive on* Jan. 3 *, 1953, and that death occurred at* 1:20 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. R. Bierly MD
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: Jan. 3 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 6-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E Baltimore St

VS 150

00066

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-650 48

53 0048

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0048

1. NAME OF DECEASED (Type or Print): Florence M. Curran

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
C. Length of stay in Baltimore: 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-01
D. STREET ADDRESS (If rural, give location): 702 N. Linwood Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 20, 1878
9. AGE (In years last birthday): 74
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Md -
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas T. Ferris
14. MOTHER'S MAIDEN NAME: Annie Kenny

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Katherine Smith (sister)
ADDRESS: 704 Mt. Holly St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I

(A) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. fracture left humerus

CERTIFICATION APPROVED BY
B B Fisher
CHIEF OR ASST. MEDICAL EXAMINER, M. D.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ~~ACCIDENT, SUICIDE,~~ HOMICIDE (Specify): contributing
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home -
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 702 N. Linwood Ave
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 9 1952 p.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? down cellar stairs

22. I hereby certify that I attended the deceased from Dec 10, 1952 to Jan 2, 1953 that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 2 22 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Mary Louise Ball M. D.
23B. ADDRESS: Union Memorial Hosp
23C. DATE SIGNED: Jan 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 5, 1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 4 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3600 E. Balto St

VS 150

N812.0 Filed by Dr. Fisher - Med. Examiner by Telephone - 1/4/53 B B F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

C-626

CREAGER

53 0049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0049

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elmer Creager

2. DATE OF DEATH: 1/4/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: CARR
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Windsor
D. STREET ADDRESS (If rural, give location): 5600

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1894
9. AGE (In years last birthday): 59
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry M Creager
14. MOTHER'S MAIDEN NAME: Ida Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ruptured Abd. Aortic aneurysm

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

022X

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fresh Coronary occlusion

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19, 1952 to 1/4, 1953, that I last saw the deceased alive on 1/4, 1953, and that death occurred at 12 40 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Michael J. Foley M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 1/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Sherwood Cemetery
24D. LOCATION (City, town, or county) (State): Sherwood, Md

DATE RECEIVED BY LOCAL REGISTRAR: Burial
REGISTRAR'S SIGNATURE: Hunington Wilson
25. FUNERAL DIRECTOR: C. P. Hartley & Sons
ADDRESS: New Windsor & Union Bridge Md

JAN 5 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

I. 526

CERTIFICATE CORRECTED 1-15-53

53 0050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0050

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ingram, James Edward

2. DATE OF DEATH: 3 Jan 53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Union Memorial Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

C. Length of stay in Baltimore: Since 1910 — Yrs. Mos. Days: ~~36 days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md. 27-17

D. STREET ADDRESS (If rural, give location): 5501 Woodcrest Ave

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Seperated 8 yrs

8. DATE OF BIRTH: May 11, 1886 ~~May 10 1885~~

9. AGE (In years last birthday): ~~67~~ 66

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Ingram

14. MOTHER'S MAIDEN NAME: Alice Pitts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-03-3321

17. INFORMANT: Mrs Helen Ingram — ADDRESS: 3700 Beehler Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of ~~Prostate~~ Bladder with metastasis to lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

18. 181X

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Nov, 1952 *to* 3 Jan, 1953, *that I last saw the deceased alive on* 3 Jan, 1953, *and that death occurred at* 4:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. B. Caraway Jr. M.D.

23B. ADDRESS: Union Memorial Hosp.

23C. DATE SIGNED: 3 Jan 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: January 5 53

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge

24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953

REGISTRAR'S SIGNATURE: Huntington Willard, M.D.

25. FUNERAL DIRECTOR: Loring Byers

ADDRESS: 5005 Park Heights Avenue

VS 150

51244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

T-512

DR CARR MADISON AVE

53 0051

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0051

1. NAME OF DECEASED (Type or Print): HARRY C THOMPSON

2. DATE OF DEATH: 1-1-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSP.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Dsys)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE. 14-01
D. STREET ADDRESS (If rural, give location): 262. ROBERT ST

5. SEX: MALE.
6. COLOR OR RACE: COL
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-30-94
9. AGE (In years last birthday): 58. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WM THOMPSON. Md
14. MOTHER'S MAIDEN NAME: LUCY ROSE. VA.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-07-2961
17. INFORMANT: IDA THOMPSON. ADDRESS: 1732 McCULLOH. ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertensive cardio-vascular disease — 4+ yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4.6. 1950, *to* 1.1. 1953, *that I last saw the deceased alive on* 1.1. 1953, *and that death occurred at* 12 24/h m., *from the causes and on the date stated above.*

23A. SIGNATURE: James D. Carr, M. D.
23B. ADDRESS: 1427 Madison Ave
23C. DATE SIGNED: 1.3.53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-4-53
24C. NAME OF CEMETERY OR CREMATORY: MT. ZION. CEM
24D. LOCATION (City, town, or county) (State): BALTIMORE. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WILLIAM A JACKSON. ADDRESS: 916 PENNA. AVE.

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Carr 1429 Hendrine
Ave

B-346

DR. WYATT 505 N. ARLINGTON AVE.

53 0052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

D 53 0052 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NORMAN BUTLER.

2. DATE OF DEATH: 1/1/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 748 PENNA. AVE.
C. Length of stay in Baltimore: 25 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE. 17-01
D. STREET ADDRESS (If rural, give location): 748 PENNA. AVE.

5. SEX: MALE
6. COLOR OR RACE: COL
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-?-1900
9. AGE (In years last birthday): 52. If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR.
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: UNKNOWN. Apt House
14. MOTHER'S MAIDEN NAME: HARRIETT. ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY BUTLER. ADDRESS: 748. PENNA. AVE.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — 2 hrs

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac Vascular disease — 4 yrs

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1948 to Jan 1, 1953 that I last saw the deceased alive on ~~Dec 12~~, 1952 and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: W. H. Wyatt M. D.
23B. ADDRESS: 515 Arlington Ave
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: BALTO. NAT. CEMERY
24D. LOCATION (City, town, or county) (State): BALTIMORE. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WILLIAM A JACKSON. ADDRESS: 916 PENNA. AVE.

VS 150

770 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

L-512
T-460
53 0053

53 0053

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): OLIVE R. LEINBACH (Taylor)

2. DATE OF DEATH: Jan. 3. 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 902. N. Charles St

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 8. 1912
9. AGE (In years last birthday): 40
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Rinyon (D)
14. MOTHER'S MAIDEN NAME: Nellie Chauncey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-4746
17. INFORMANT: Mrs. Joe Ferri ADDRESS 902 N. Charles St.

MEDICAL CERTIFICATION

18. 170X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of breast

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: [redacted] to [redacted]

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): -
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): -
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): -
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: -
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* Jan. 2. *, 19* 53 *, to* Jan. 3. *, 19* 53 *, that I last saw the deceased alive on* Jan. 3 *, 19* 53 *, and that death occurred at* 6 hr a. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Waverly S. Green Jr. M. D.
23B. ADDRESS: Union Memorial Hospt.
23C. DATE SIGNED: Jan. 3. 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Philip Hearing Sons
ADDRESS: 2024 Orleans St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-125

53 0054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0054
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clara Agnes Dobson

2. DATE OF DEATH: Jan 3 1953

3. PLACE OF DEATH: 3114 Tyndale
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 3114 Tyndale

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: feb 2 1872
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Mooney

14. MOTHER'S MAIDEN NAME: Barbara Leffner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Ruth Kellner — ADDRESS: 3114 Tyndale Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

ANTECEDENT CAUSES

(B) Arterio-sclerosis of Coronary

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) General Arterio-sclerosis & Hypertension

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: None

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1939, *to* Jan. 3, 1953, *that I last saw the deceased alive on* Jan. 2, 1953, *and that death occurred at* 9 15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Vincent J. Toska M. D.
23B. ADDRESS: 2623 E. Monument St
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 6/53
24C. NAME OF CEMETERY OR CREMATORY: Balto Cem
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: [illegible] Home
ADDRESS: 2004 Orleans St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

B. 322

53 0055

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0055

1. NAME OF DECEASED (Type or Print): John Rutkowski

2. DATE OF DEATH: 1-3-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. 40 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-05
D. STREET ADDRESS (If rural, give location): 1502 Cyprus St. #26

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11-1893
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schell Oil Co.
10B. KIND OF BUSINESS OR INDUSTRY: Pipe Fitter
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Rutkowski
14. MOTHER'S MAIDEN NAME: Gas Ref.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-1900
17. INFORMANT: Helen Rutkowski — ADDRESS: 1502 Cypress St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 1 hr.
DUE TO A.S.C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Insufficiency — 30 days
DUE TO A.S.C.V.D.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1952 *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3, 1953 *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: George Otten M. O.
23B. ADDRESS: St Agnes Hospital
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 7-1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm S. Fiolkowski — ADDRESS: 2007 Eastern Ave

VS 150

57445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-260

53 0056

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0056

Registered No.

1. NAME OF DECEASED (Type or Print): BENNIE MAZUR

2. DATE OF DEATH: 1-4-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO 2310 Ocala Ave
C. Length of stay in Baltimore: Yrs. 40 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-03
D. STREET ADDRESS (If rural, give location): 2310 Ocala Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hyman
14. MOTHER'S MAIDEN NAME: Zelda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Mazur — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis c̄ primary lesion — general abdominal.

DUE TO

(B) Urinary tract.

DUE TO

(C) Hypertensive C.V. disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1952, to Jan. 4, 1953, that I last saw the deceased alive on Jan. 4, 1953, and that death occurred at 9 PM m., from the causes and on the date stated above.

23A. SIGNATURE: Nathan R. Rieder M. D.
23B. ADDRESS: 4215 Park Heights Ave
23C. DATE SIGNED: Jan. 4/53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-5-53
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jacob Levowitz
ADDRESS: 2100 Eutaw Pl

VS 150

5906E

Needle
Mo 8775
Ro 2418
~~6245 Park Hgts~~
6006 Park Hgts

S-432

53 0057

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0057

Registered No.

1. NAME OF DECEASED (Type or Print): SLADEK SELMA

2. DATE OF DEATH: 1-5-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. H.
C. Length of stay in Baltimore: Life Yrs. Mos. Days 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15-11
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 3730 Columbus Dr.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 37 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W. H. W. (Nurse), Clerk
10B. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Solomon Bleakman
14. MOTHER'S MAIDEN NAME: Bertha Seldenoki

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bertha Bleakman — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia, E coli — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Lymphosarcoma, generalized

DUE TO

(C) atelectasis, bilateral

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26-, 1952, *to* 1-5-, 1953, *that I last saw the deceased alive on* 1-5, 1953 *and that death occurred at* 2" A m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. Felipe Gonzalez, M. D.
23B. ADDRESS: U. H.
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-6-53
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Rivers Inc.
ADDRESS: 2100 Eutaw Pl

VS 150

39093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

F-420

53 0058

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0058

1. NAME OF DECEASED (Type or Print): Mr. Edward Filliaux (Edgar C. Felix)

2. DATE OF DEATH: 1/4/1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Yes
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: Life-time (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1511 W. Ramsay St, Balto-23-Md.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/3/1880
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Paper-hanger
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Filliaux
14. MOTHER'S MAIDEN NAME: Mary Steelberg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Sophia Filliaux — ADDRESS: 1511 Ramsay St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congestive Heart Failure
DUE TO
(B) Coronary Insufficiency
DUE TO
(C) Arteriosclerotic Cardio Vascular Disease

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile Emphysema

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Dec *, 19* 52 *to* 4 Jan *, 19* 53 *that I last saw the deceased alive on* 4 Jan *, 19* 53 *and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Allan McKay M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 4 JAN 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-6-1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Pohl & B. M. Walters
ADDRESS: 5524 Pratt & Stricker Sts

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

e-514

53 0059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

447x

53 0059

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5126 BELAIR ROAD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County 27-01
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5126 BELAIR ROAD
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE JANE CAMPBELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: LAMAR CAMPBELL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 28, 1871

8. AGE: Years 81 Months 9 Days 6 If less than one day hr. min.

9. Birthplace PHILADELPHIA, PA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOSEPH WIRT
13. Birthplace PHILA., PA.

MOTHER
14. Maiden Name PRISCILLA ZEALOR
15. Birthplace PHILA., PA.

16 (a) Informant John H. Campbell
(b) Address 5126 Belair Rd., Balto.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-7-53 (month) (day) (year)
(c) Cemetery or crematory SLATEVILLE
Location YORK, CO., PA.

18 (a) Funeral director John H. Harkins
(b) Address Delta, Penna.

19 (a) JAN 5 1953 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1953, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1952, to Jan 4 1953, and that I last saw her alive on Jan 3 1953.

Immediate cause of death Arteriosclerosis, generalized — Duration: Years

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles A. Jewell M. D.

Address 4209 Pentland Ave Date signed 1/5/53

VS 150

0 5 3 0 0 0 5 9

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

J-53 525 0060 66

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0060

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN W. JOHNSON

2. DATE OF DEATH: January 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1325 Mosher Street

16-02

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5, 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Johnson
14. MOTHER'S MAIDEN NAME: Mollie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-10-3746
17. INFORMANT: Mrs. Alice Rebecca Johnson — ADDRESS: 1325 N. Mosher St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab Wound of the Aorta
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

E982X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1100 block Calhoun Street 16-2
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found 1/3/53 7:00A.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? sharp instrument

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 8, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Garland Funeral Home — ADDRESS: 1031 Druid Hill Ave

VS 151 N861.2 97041

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-425

53 0061

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0061

Registered No.

1. NAME OF DECEASED (Type or Print): Edwin Wilson

2. DATE OF DEATH: Jan 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Med. Osl 7
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13
D. STREET ADDRESS (If rural, give location): 2227 E. Biddle St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-5-92
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cyrus Wilson
14. MOTHER'S MAIDEN NAME: Etta Van Camp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) tuberculous meningitis — 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) pulmonary tuberculosis — 3 mos

DUE TO

(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4-, 1953 *to* 1-4-, 1953, *that I last saw the deceased alive on* 1-4-, 1953, *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Richard J. Johns M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St

VS 150

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

B-220

53 0062

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0062

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Howard Franklin Busick

2. DATE OF DEATH: Jan. 4. 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1743 Glenridge Rd. 5355

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 24. 1901
9. AGE (In years last birthday): 51
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Hendler Creamery Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Busick
14. MOTHER'S MAIDEN NAME: Rose Ella Lynch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Laura M. Busick
ADDRESS: 1743 Glenridge Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): -
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): -
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): -
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: -
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* Jan. 4. *, 1953 to* Jan. 4 *, 1953 that I last saw the deceased alive on* Jan. 4. *, 1953, and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roy J. Beasley Jr. M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Jan. 4. 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cox Inc.
ADDRESS: 1217 St. Paul St.

VS 150

49041

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53 0063

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0063

1. NAME OF DECEASED (Type or Print): SAMUEL ROANE

2. DATE OF DEATH: 1-4-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 914 N. Fremont ave
C. Length of stay in Baltimore: 20 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township) 16-01
D. STREET ADDRESS (If rural, give location): 914 N. Fremont ave

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/22/85
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Balto-Copper Co
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN.
14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hattie Roane — ADDRESS: 914 N. Fremont ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia & Myocardial

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Failure due to Hypertensive Heart

DUE TO

(C) Disease.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1-4-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-8-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Thurston E. Williams M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson — ADDRESS: 916 Penn. Ave.

VS 151

9703E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-422

53 0064
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0064
Registered No.

1. NAME OF DECEASED (Type or Print): Philip Elsesser
2. DATE OF DEATH: 1-3-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Md.
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-04
D. STREET ADDRESS (If rural, give location): 5318 Wendley Rd #29

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 1892
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Box Factory
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Elsesser
14. MOTHER'S MAIDEN NAME: Susan Launder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): 1st World War
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mina B. Elsesser
ADDRESS: 5318 Wendley Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Cecum

DUE TO

(B) Generalized Metastasis

DUE TO

(C) Cachexia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15-52, 19__, *to* 1-3-53, 19__, *that I last saw the deceased alive on* 1-3-53, 19__, *and that death occurred at* 6:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold L. Daly Jr. M. D.
23B. ADDRESS: Lutheran Hosp of Md
23C. DATE SIGNED: 1-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 7. 1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Roland E. Heuffel
ADDRESS: 5311 Edmondson Ave

VS 150

97041K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-252

53 0065

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0065

1. NAME OF DECEASED (Type or Print): James Washington

2. DATE OF DEATH: 1/2/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2102 Division St.

14-03

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 27, 1900
9. AGE (In years last birthday): 52
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen.
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Harris
14. MOTHER'S MAIDEN NAME: Annie Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret Washington
ADDRESS: 2102 Division St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral - vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 12/31/52 10:10 a.m.
DUE TO subarachnoid hemorrhage
(B) Hypertension, arteriosclerotic heart disease
DUE TO
(C) Rt. Basal Pneumonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31-52, 19__, *to* 1-2-53, 19__, *that I last saw the deceased alive on* 1-2-53, 19__, *and that death occurred at* 12:15 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. B. Bromberg M.D. M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-6-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cem
24D. LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mr. Thomas A. Hensley
ADDRESS: 578 W. Biddle St.

VS 150

97099

B-624
53 0066

53 0066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lottie H Bregel

2. DATE OF DEATH: Jan 3 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 716 N Broadway
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-05
D. STREET ADDRESS (If rural, give location): 716 N Broadway

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 2 1896
9. AGE (In years last birthday): 56
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William A Han
14. MOTHER'S MAIDEN NAME: Lottie Hubbard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Eva Royer 709 N Broadway ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 171X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) uraemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ureteral obstruction — 6 mos.

DUE TO

(C) Carcinoma, cervix, uteri — app 2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: June 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma, cervix uteri
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1952, *to* Jan 3, 1953, *that I last saw the deceased alive on* Jan 2, 1953, *and that death occurred at* 3:00 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Gerald A Galvin M. D.
23B. ADDRESS: 1137 N. Monument St.
23C. DATE SIGNED: Jan 5 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 5/53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Allen Funeral Home
ADDRESS: 2004 Orleans

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-609 53 0067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0067

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Bauer

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 6th
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S Burrows Point
D. STREET ADDRESS (If rural, give location): Box 252-

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-27-74
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK H. BAUER
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. 177 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of prostate with metastasis — Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-12, 1952, *to* 1-2, 1953, *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 11 15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Jan. 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 6-1953
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WARD & FOREMAN HOME — ADDRESS: 2112 DUNDALK

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

J-525

53 0068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0068

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bessie Terry Johnson

2. DATE OF DEATH: 1/3/53

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 819 Pierce Street

C. Length of stay in Baltimore: 27 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 819 Pierce Street

17-03

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 30, 1910
9. AGE (In years last birthday): 42
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Amherst Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Jack Turner
14. MOTHER'S MAIDEN NAME: Mrs. Phebe Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-20-3034
17. INFORMANT: Percy Johnson
ADDRESS: 819 Pierce St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ovarian Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/2/52, 19__, *to* 1/3/53, 19__, *that I last saw the deceased alive on* 1/2/53, 19__, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: William Gaine M. D.
23B. ADDRESS: 753 Gerard
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN Cem.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson
ADDRESS: 916 Penn Ave.

VS 150

72081

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-

435

53 0069

Dr Wilson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0069

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALICE GOLDMAN.

2. DATE OF DEATH: 1-1-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1022. CARLTON. ST.
C. Length of stay in Baltimore: 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1022. CARLTON. ST.

1601

5. SEX: FEMALE
6. COLOR OR RACE: COL
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 8-27-87
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY: -?
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY THORNTON. VA.
14. MOTHER'S MAIDEN NAME: CAROLINE ROSS. VA.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: EVA BURRELL. ADDRESS: 529. W. LANVALE. ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B) Hypertensive Cardi

DUE TO

(C) Vascular Renal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953 to Jan 1, 1953 that I last saw the deceased alive on Jan 1, 1953 and that death occurred at 12 ~~noon~~ m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 803 W Fremont St.
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN Cem.
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington T. Beatty, M.D.
25. FUNERAL DIRECTOR: Wm. A Jackson
ADDRESS: 916 Penn. Ave.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R- B60 0070

BIRTH NO. 53 0070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0070

1. NAME OF DECEASED (Type or Print): CHARLES REEDER (REITER)

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17 02
D. STREET ADDRESS (If rural, give location): 1313 Argyle Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE.
8. DATE OF BIRTH: 1-26-1931
9. AGE (In years last birthday): 21
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER
10B. KIND OF BUSINESS OR INDUSTRY: DRUG STORE.
11. BIRTHPLACE (State or foreign country): BALTIMORE Md
12. CITIZEN OF WHAT COUNTRY? U-S-A-
13. FATHER'S NAME: SAMUEL REEDER. Md.
14. MOTHER'S MAIDEN NAME: LOLA HAWKINS. Md.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: UNKNOWN.
17. INFORMANT: SAMUEL REEDER. ADDRESS: 1313 ARGYLE. AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab Wound of Chest with Massive Hemothorax
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): in front of 1711 Ashburton Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/1/53 2:25 A. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? sharp instrument 15-6

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: B S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-6-52
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson
ADDRESS: 916 Pennsylvania ave

VS 151 N 862.2 7806L

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

D-400
53 0071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0071

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert L. Doyle
2. DATE OF DEATH: Jan. 2, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dolan Hospital
C. Length of stay in Baltimore: 55 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2046 Hampden Ave
12-07
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 12, 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Hugh Doyle
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lutton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ella G. Doyle — ADDRESS: 2646 Hampden Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16, 1949 *to* 1-2, 1953 *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 11 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. Weiss, M. D.
23B. ADDRESS: 2902 Huntington Ave
23C. DATE SIGNED: 1-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Hollins
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

56450

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

L-260

53 0072

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0072

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Locher, Dr. Roy William

2. DATE OF DEATH: Jan. 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: 41 Yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12
D. STREET ADDRESS (If rural, give location): 106 Taplow Road

27-12

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 30, 1885
9. AGE (In years last birthday): 67 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: Charles A. Locher
14. MOTHER'S MAIDEN NAME: Mary Blomeyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mazie E. Locher
ADDRESS: 106 Taplow Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal bronchopneumonia 420.1

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral thrombosis

DUE TO Myocardial infarction

Due to Arteriosclerosis, generalized

~~Myocardial infarction~~

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1, 1951, *to* Jan 3, 1953, *that I last saw the deceased alive on* Jan 3, 1953, *and that death occurred at* 3:10 Pm., *from the causes and on the date stated above.*

23A. SIGNATURE: Carl Tomorl M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 3, '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons
ADDRESS: Balto 17, Md.

VS 150

07585

W 635
53 0073

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0073
Registered No.

1. NAME OF DECEASED (Type or Print): Thomas (Chew) C. Worthington, III

2. DATE OF DEATH: 1/2/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Md. Gen. Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt. Md.
D. STREET ADDRESS (If rural, give location): 2113 Poplar Grove St. #16

15 41

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 13, 1882
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10B. KIND OF BUSINESS OR INDUSTRY: X-Ray Equipment
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Chew Worthington (M)
14. MOTHER'S MAIDEN NAME: Mary Kate Walker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none — (If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.: 212-01-1624
17. INFORMANT: Mrs. Clara Worthington — ADDRESS: 2113 Poplar Grove St.

MEDICAL CERTIFICATION

18. 430.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bacterial endocarditis. — 3 wks
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17, 1952, *to* 1/2, 1953, *that I last saw the deceased alive on* 1/2, 1953, *and that death occurred at* 9:55 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. E. Bryant M. D.
23B. ADDRESS: Md Gen Hosp.
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/53
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickner & Sons
ADDRESS: Balto 17, Md.
4903X

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

F 420
53 0074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0074

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARVEY K. FLECK

2. DATE OF DEATH: Jan. 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2940 Wyman Pkwy.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2940 Wyman Pkwy.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	married	Nov. 5, 1875	77				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10B. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Fleck

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Isabella Fleck
ADDRESS: 2940 Wyman Pkwy.

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 2 days

DUE TO

ANTECEDENT CAUSES

(B) Arterio Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Jan 3 53, 19__, *that I last saw the deceased alive on* Jan 3, 1953, *and that death occurred at* 9:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 705 Mt Cato
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Cato 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-7-53

B-100

53 0075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0075

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EMMA M. BEEBE

2. DATE OF DEATH: Jan. 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 916 St. Paul St.

11-00

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 18, 1885
9. AGE (In years last birthday): 67 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph H. Struck
14. MOTHER'S MAIDEN NAME: Caroline Anna Stenger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Warren B. Beebe - 916 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

ANTECEDENT CAUSES

(B) Angina Pectoris — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease — 10 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 21, 1942 *to* Jan. 4, 1953 *that I last saw the deceased alive on* Nov. 5, 1952 *and that death occurred at* ? *m., from the causes and on the date stated above.*

23A. SIGNATURE: Earl L. Chambers M. D.
23B. ADDRESS: 4108 Liberty Hts - Ca.
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Hunting [illegible]
25. FUNERAL DIRECTOR: W. M. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-200

53 0076

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0076

1. NAME OF DECEASED (Type or Print): Mary Tyler Wise

2. DATE OF DEATH: Jan-1-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1706 Dallas Court

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-2-98
9. AGE (In years last birthday): 54 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Marys Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Brown
14. MOTHER'S MAIDEN NAME: Elizabeth ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Severe infection of both kidneys — INTERVAL BETWEEN ONSET AND DEATH: at least 1 week

DUE TO + arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes mellitus — 26 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31 *, 195*2 *to* 1-1 *, 195*3 *, that I last saw the deceased alive on* 1-1 *, 195*3 *, and that death occurred at* 10 50 A.M. *, from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence E. Shulman M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Jan 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/1953
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial
24D. LOCATION (City, town or county) (State): Arbutus Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 300 N Schroeder St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C-553

53 0077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0077

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SANTO CAMINITI

2. DATE OF DEATH: 1/3/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3017 BELAIR RD.
C. Length of stay in Baltimore: 49 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE S-01
D. STREET ADDRESS (If rural, give location): 3017 BELAIR ROAD

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 1, 1889
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANTHONY CAMINITI
14. MOTHER'S MAIDEN NAME: CONSTANCE TRIMARCHE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217 16 8886
17. INFORMANT: SON
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS

DUE TO

(B) HYPERTENSIVE CARDIO-VASCULAR DISEASE — 3 YEARS

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH, 1951, *to* JAN. 3, 1953, *that I last saw the deceased alive on* JAN 10, 1953, *and that death occurred at* 4:30 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. F. Stirk M. D.
23B. ADDRESS: 420 Lexington Bldg.
23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN 7 1953
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM.
24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Dapp & Bro.
ADDRESS: 7116 BELAIR RD.

VS 150

5906E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

T#653
53 0078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0078

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Vernon Thornton

2. DATE OF DEATH: Jan 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Surg Hal 28
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore 20 Yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2
D. STREET ADDRESS (If rural, give location): 1103 Mc Elderry St

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: March 12, 1900
9. AGE (In years last birthday): 52 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: In General
11. BIRTHPLACE (State or foreign country): New York N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Esophago-pleuro-cutaneous fistula — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of lung — —

DUE TO

(C) ✓

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/11/52
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of lung c̄ mediastinal extension
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25-, 1952 *to* 1-2-, 1953 *that I last saw the deceased alive on* 1-2-, 1953, *and that death occurred at* 2:55 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dwight C. McLean M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-3-53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Thos. O. Wilson
ADDRESS: 1001 Bentley Ave

VS 150

97099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-242
53 4003

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0079

1. NAME OF DECEASED (Type or Print): John F. Mc Cullough (Mc Culley)

2. DATE OF DEATH: JAN 13 - 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-09
D. STREET ADDRESS (If rural, give location): 1563 Northgate Road

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2 - 1868
9. AGE (In years last birthday): 84
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. FIREMAN - BALTO CITY
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore - Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mary E. Mc Cullough
ADDRESS: Same

MEDICAL CERTIFICATION

18. 162 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Right Lung
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerios

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/23/52, 1952, *to* 1/3/53, 1953, *that I last saw the deceased alive on* 1/3/53, 19__, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.: Carlos Formof
23B. ADDRESS: St. Joseph's Hospital
23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

T-260

53 0080

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0080

1. NAME OF DECEASED (Type or Print): CATHERINE J. TUCKER

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3489 Fairsun Court, Fairfield
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3489 Fairsun Court, Fairfield

25-06

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 27, 1891
9. AGE (In years last birthday): 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Washington County, Tennessee
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Murray
14. MOTHER'S MAIDEN NAME: Rebecca White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Hazel Ervin, ADDRESS: 3489 Fairsun Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B) hypertensive C.V. disease.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1953 *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 1:00 am., *from the causes and on the date stated above.*

23A. SIGNATURE: Philip H. Kirstein M. D.
23B. ADDRESS: 302 Patapsco Ave
23C. DATE SIGNED: 1/5/53.

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 1/5/53
24C. NAME OF CEMETERY OR CREMATORY: Johnson City UNION
24D. LOCATION (City, town, or county) (State): Johnson City, Tennessee

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm D Cook, Inc
ADDRESS: 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

S-545
53 0081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0081

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SCHMEHLING, MRS. MARY
2. DATE OF DEATH: 1/2/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: ~~Yrs.~~ 1 Mos. ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Bar Harbor
D. STREET ADDRESS (If rural, give location): 92 Johnson Rd.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Feb. 18, 1889
9. AGE (In years last birthday): 63
If Under 1 Year: Months —, Days —
If Under 24 Hours: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Gaphardt
14. MOTHER'S MAIDEN NAME: Charlotte Lazcock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Church Home & Hospital
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Infarction of Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
DUE TO
(B) Coronary Thrombosis
DUE TO
(C) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Thrombophlebitis - left leg.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/28, 1952, *to* 1/2, 1953 *that I last saw the deceased alive on* 1/2, 1953, *and that death occurred at* 12:10 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: David L. Dawson M. D.
23B. ADDRESS: Church Home & Hospital
23C. DATE SIGNED: 1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 6, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Hunting Ta Williams, M.D.
25. FUNERAL DIRECTOR: Schmunck Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

V-365
V 53 0082

53 0082

JL-165192

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Lena Vetrousky (Vetrovsky)

2. DATE OF DEATH: 1-4-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 52 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1707 N. Washington St.-13

8-06

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 30, 1880
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Checo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Antonio Hajduck (Hejduk?)
14. MOTHER'S MAIDEN NAME: ? Mary Mares

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

154X

(A) Carcinoma of Rectum C Metastasis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ X ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-21-52, 19__, *to* Jan. 4, 1953 *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* 3.05 AM *from the causes and on the date stated above.*

23A. SIGNATURE: H. Johnny Mer M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 1-4-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 7, 1953
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-142

53 0083

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0083

1. NAME OF DECEASED (Type or Print): THOMAS DEBELIUS

2. DATE OF DEATH: JAN 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: 42 Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 43 N. Kresson St.

26-44

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Nov. 24, 1912
9. AGE (In years last birthday): 40 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Operator
10B. KIND OF BUSINESS OR INDUSTRY: Winchester & Woods
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leonard Debelius — TOY WATCHES (G)
14. MOTHER'S MAIDEN NAME: Catherine Hall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Virginia Ford Debelius, wife, above — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO

ANTECEDENT CAUSES

(B) Uremia — 3-5 WEEKS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Kimmelstiel Wilson Dis — 1 year

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Diabetes Mellitus — 8 yrs

260X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/3, 1953, *to* 1/4, 1953, *that I last saw the deceased alive on* 1/4, 1953 *and that death occurred at* 1:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Julius S. Ruer, M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 8, 1953
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Hampton Mills, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

69032

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

C-434

53 0084

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0084

1. NAME OF DECEASED (Type or Print): Caldwell, William Francis

2. DATE OF DEATH: January 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~XXXXXXXX~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2033 N. Washington St.

8-05

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 10, 1908
9. AGE (In years last birthday): 44 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Television Co. of Md.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Quarrel Caldwell
14. MOTHER'S MAIDEN NAME: Myrtle E. Rutledge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 214-01-5676
17. INFORMANT ADDRESS: Mrs. Blanche Beatty, 2238 E. North Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Coronary thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

420.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1, 1953, *to* January 1, 1953 *that I last saw the deceased alive on* Jan. 1, 1953, *and that death occurred at* 5:00 pm *from the causes and on the date stated above.*

23A. SIGNATURE: E. P. Coffey Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 1, '53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/5/52
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: 1000 N. Charles St., BALTO., 13, MD.
Henry H. Sander

VS 150

4906J

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

S 536

53 0085
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0085

1. NAME OF DECEASED (Type or Print): Snyder Herbert

2. DATE OF DEATH: 1.4.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Sinai Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Penna
B. COUNTY: Berks
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reading
D. STREET ADDRESS (If rural, give location): 1564 Perkiomen Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 15, 1901
9. AGE (In years last birthday): 51 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN
10B. KIND OF BUSINESS OR INDUSTRY: HOSIERY
11. BIRTHPLACE (State or foreign country): READING, PENNA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles A. Snyder (M)
14. MOTHER'S MAIDEN NAME: Elizabeth Waldy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: MRS CATHERINE SNYDER — ADDRESS: 1564 PERKIOMEN AVE

MEDICAL CERTIFICATION

18. 4200

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial infarction

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ■

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1.4.52, 1953, *to* 1.4., 1953 *that I last saw the deceased alive on* 1.4., 1953, *and that death occurred at* 4^15 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Taler M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 1.4.53

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: JAN. 5, 1953
24C. NAME OF CEMETERY OR CREMATORY: GETHSEMANE CEM.
24D. LOCATION (City, town, or county) (State): READING - BERKS Co. PA.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St Paul St

VS 150

52348

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-132

53 0086

(MARTIN LABEDZIESKI)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0086

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Labedzieski, Mr Martin (LABEDZIESKI)

2. DATE OF DEATH: 1-2-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: Yrs. 10 years; Mos.; Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 606 S. Washington St

203

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 10-9-1880
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired WATCHMAN
10B. KIND OF BUSINESS OR INDUSTRY: Arundel Sand and Gravel Co. Comptr
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Peter Labedzieski
14. MOTHER'S MAIDEN NAME: Maggie Z

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-10-5680
17. INFORMANT: Patient — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary ~~Thrombosis~~ sclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

(B) Malnutrition — years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1952 *to* 1-2, 1953 *that I last saw the deceased alive on* 1-2, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Church Home & Hospital
23C. DATE SIGNED: 1-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 7/53
24C. NAME OF CEMETERY OR CREMATORY: St Stanislaus Cem
24D. LOCATION (City, town, or county) (State): Balto. City

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Geo. A. Weber
ADDRESS: 401 S. Chester Stre

VS 150

763 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

S-150
53 0087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0087

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OLIVIA SPAHN

2. DATE OF DEATH: 1-3-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: 60 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 4003 WOODLEA AVE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARIED
8. DATE OF BIRTH: APRIL, 15, 1892
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ANDREW F. HOLZER
14. MOTHER'S MAIDEN NAME: MARY E. SCHNEIDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: HARRY SPAHN
ADDRESS: 4003 WOODLEA AVE

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2-, 1953, *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3-, 1953 *and that death occurred at* 7:25 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Bernard Bulkley M. D.
23B. ADDRESS: Sinai Hospital - Baltimore
23C. DATE SIGNED: 1-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-7-53
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington [illegible]
25. FUNERAL DIRECTOR: R. R. CRACHANSON
ADDRESS: 900 N. CHESTER ST. 5

VS 150

PLEASE WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M53 200 0088

53 0088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Mickey

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 7-04

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 953 N. Wolfe St.

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-23-86

9. AGE (In years last birthday): 66

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sell Worker

10B. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Mickey

14. MOTHER'S MAIDEN NAME: Martha Fitzgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

442X

(A) Arteriolar Nephrosclerosis

DUE TO

(B) Hypertensive Cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 10+ yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-25, 1952, *to* 1-2, 1953, *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: George A. Edwards M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 1-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan. 7/53

24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Robert G. Elliott Douglas

ADDRESS: 1124 N. Carrollton St.

VS 150

690 3A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S-524

53 0089

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0089

Registered No.

1. NAME OF DECEASED (Type or Print): Single, Mr. William Sr.

2. DATE OF DEATH: January 3, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home For Incurables. 700 W. 40th St.

C. Length of stay in Baltimore: Yrs. 70 Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

15-07

D. STREET ADDRESS (If rural, give location): 700 W. 40th St.

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 6, 1882

9. AGE (In years last birthday): 70 yrs.

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Single

14. MOTHER'S MAIDEN NAME: Elizabeth Snyder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles Bettinger (Home For Incurables records)

ADDRESS

MEDICAL CERTIFICATION

18. 481X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

DUE TO

(B) Chronic Bronchitis & Emphysema — 11 years

DUE TO

(C) Superimposed Influenza — 2 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 20, 1951, *to* Jan. 3, 1953, *that I last saw the deceased alive on* Jan. 2, 1953 *and that death occurred at* 8:12 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. Grafton Hersperger M. D.

23B. ADDRESS: 214 Medical Arts Building

23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 1/6/53

24C. NAME OF CEMETERY OR CREMATORY: OAKLAWN

24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Eldene F. Hoffmann

ADDRESS: 1639 Broadway

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61.2
6211

BIRTH NO. 56 0090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0090

1. NAME OF DECEASED (Type or Print): EDMUND W. Grybowski or Edmund W. GRZYBOWSKI

2. DATE OF DEATH: 1-3-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SO. BALTO. GEN. HOSPITAL
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 837 S. KENWOOD AVE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 1-01
D. STREET ADDRESS (If rural, give location): 837 S. KENWOOD AVE

5. SEX: MALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APR. 29, 1900
9. AGE (In years last birthday): 52 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: JULIUS GRYBOWSKI
14. MOTHER'S MAIDEN NAME: SARRIE CACKMAREK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. MARY GRZYBOWSKI — ADDRESS: 837 S. KENWOOD AVE

MEDICAL CERTIFICATION

18. 150X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) COLLOID CA OF ESOPHAGUS — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO ABDOMINAL CARCINOMATOSIS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11-29-52
19B. MAJOR FINDINGS OF OPERATION: COLLOID CA OF ESOPHAGUS, ABDOM. CARCINOMATOSIS
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 8, 1952, *to* JAN 3, 1953, *that I last saw the deceased alive on* JAN. 3, 1953, *and that death occurred at* 8:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. M. Conway M. D.
23B. ADDRESS: South Baltimore General Hosp.
23C. DATE SIGNED: 3 Jan. 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7 Jan. 53
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cem.
24D. LOCATION (City, town, or county) (State): Dundalk Ave. Balto.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: STEPHEN J. FIALKOWSKI INC — ADDRESS: 1000 S. Kenwood Ave.
Arthur W. Fialkowski 1000 S. Kenwood Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

S 58 562 0091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0091

BIRTH NO.

1. NAME OF DECEASED (Type or Print): May Smerowski

2. DATE OF DEATH: 1-4-53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2010 N. Charles St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore.
D. STREET ADDRESS (If rural, give location): 2010 N. Charles St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 9. 1923
9. AGE (In years last birthday): 29 yrs — If Under 1 Year: Months 11, Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10B. KIND OF BUSINESS OR INDUSTRY: Office Steel Mill
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Ruperta
14. MOTHER'S MAIDEN NAME: Crescent Kossman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph M. Smerowski — ADDRESS: 821 S. Robinson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CIRRHOSIS + FATTY

DUE TO

(B) INFILTRATION OF LIVER

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Alcoholism

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R. R. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1-4-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-7-53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington, Elizabeth
25. FUNERAL DIRECTOR: Elmer W. Conklin — ADDRESS: 5444 Belair Rd.

VS 151

350 3A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 transport
joseph M. Dimmondi
Lumana

K-620
K-635

BIRTH NO. 0092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0092

1. NAME OF DECEASED (Type or Print): KRISS, ANDREW (KRISCUNAS)

2. DATE OF DEATH: 1/3/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTIMORE GEN. HOSP.
C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 2401
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 835 W. BARRE ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1888
9. AGE (in years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10B. KIND OF BUSINESS OR INDUSTRY: COAT-MAKER
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW SR.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-05-0297
17. INFORMANT: EDNA L. KRISS
ADDRESS: 835 W. BARRE ST

MEDICAL CERTIFICATION

18. 162X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)
(A) Generalized Metastasis
DUE TO
(B) Carcinoma of lung, primary

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Terminal uremia

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1952, *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3, 1953, *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. M. Conway M. D.
23B. ADDRESS: South Baltimore Genl Hosp
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BELAIR RD. MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
26. FUNERAL DIRECTOR: CHARLES W. KACHAUSKAS
ADDRESS: 103 McHENRY ST.

VS 150

590 4G

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-254

53 0093

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0093

1. NAME OF DECEASED (Type or Print): CAROLINE MEREDITH McNEILL

2. DATE OF DEATH: Jan. 4, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3811 Fenchurch Rd.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3811 Fenchurch Rd.

12-01

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 21, 1871
9. AGE (In years last birthday): 81 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George E. Alsop
14. MOTHER'S MAIDEN NAME: Virginia L. Yerby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. David Reese McNeill — ADDRESS: 3811 Fenchurch Rd.

MEDICAL CERTIFICATION

18. 153 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Colon — 6 mos

DUE TO

ANTECEDENT CAUSES

(B) Carcinomatosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Nov 1952
19B. MAJOR FINDINGS OF OPERATION: Colostomy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 52, to Jan 4 53, 19__, that I last saw the deceased alive on 1/4/53, 19__, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 705 Med Arts
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: Fredericksburg Confederate
24D. LOCATION (City, town, or county) (State): Fredericksburg, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons — ADDRESS: Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-320
53 0094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0094

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET ELIZABETH RITCHIE

2. DATE OF DEATH: Jan. 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1711 E. 28th St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1711 E. 28th St.

9-06

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 5, 1917
9. AGE (In years last birthday): 35 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: House Merchandise Mailing
11. BIRTHPLACE (State or foreign country): Broom Island, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Andrew Ritchie (R)
14. MOTHER'S MAIDEN NAME: Stella A. Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Andrew Ritchie — ADDRESS: 1711 E. 28th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Papillo-cyst-adeno-

DUE TO

(B) Carcinoma - Left Ovary.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

175X

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized abdominal metastasis.

19A. DATE OF OPERATION: 4/30/52 - 7/1/52
19B. MAJOR FINDINGS OF OPERATION: Large mass - L. ovary - Metastasis Ureter - Lung - Liver
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: –
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): –
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): –

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: –
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify, that I attended the deceased from* 4/29, 19 52, *to* 1/4, 19 53, *that I last saw the deceased alive on* 1/4, 19 53, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: John A. Schwenck M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Broom Island Cem.
24D. LOCATION (City, town, or county) (State): Calvert Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 5 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Thos. J. Tickner & Sons
ADDRESS: Balto. 17, Md.

VS-150

2906C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

E-625

53 0095

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0095

Registered No.

1. NAME OF DECEASED (Type or Print): HERMAN SOFUS ERIKSEN

2. DATE OF DEATH: Jan. 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital
Wyman Pk. Drive & 31st Street
C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bechtelsville
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7/8/81
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Eriksen
14. MOTHER'S MAIDEN NAME: Sofia Larsen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 070-24-5891
17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Epidermoid Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 14 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 21, 1952, *to* Jan. 4, 1953, *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Murat, M. D.
23B. ADDRESS: US PHS Hospital, Balto, Md.
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal for
24B. DATE: JAN. 6. 1953
24C. NAME OF CEMETERY OR CREMATORY: FERNWOOD CEM.
24D. LOCATION (City, town, or county) (State): DEL. CO. PENNA.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles E. Delozier
ADDRESS: Ellicott City, Md.

VS 150

673 55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-520

53 0096

53 0096

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Charles Lawrence Thomas

2. DATE OF DEATH: Jan. 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1827 Covington St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-04
D. STREET ADDRESS (If rural, give location): 1827 Covington St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 19, '87
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lawrence Thomas
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs. Leila Thomas — ADDRESS: 1827 Covington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion — minutes
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* On Dec. 18, 1952 *, 19__, that I last saw the deceased alive on* Dec. 18 *, 19*52*, and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Walter Kohn M. D.
23B. ADDRESS: 102 E. Fort Ave
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State): Ritchie Hgwy.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC. — ADDRESS: 715 Light St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Kolan

1025 Fort

10-12

R-652

53 0097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0097

BIRTH NO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Edward James Prince

2. DATE OF DEATH: Jan. 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balto. Gen. Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-03
D. STREET ADDRESS (If rural, give location): 1026 William St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1902
9. AGE (In years last birthday): 50
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glazier
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Edward Prince
14. MOTHER'S MAIDEN NAME: Rosella Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Frances B Prince
ADDRESS: 1026 William St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — 2 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Duodenal Ulcer — 1 yr.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1952, *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3, 1953, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. C. Sollod M. D.
23B. ADDRESS: 707 E. Fort Ave.
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Ritchie Hgwy.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC.
ADDRESS: 715 Light St.

VS 150

0 8 8

53093

Dr Sollod
707E Fort Tw 12 30

PL7215

B-525

53 0098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0098

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUISE J. BENSON

2. DATE OF DEATH: Mon., Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1516 Marshall St.
C. Length of stay in Baltimore: Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — (30) 23-02
D. STREET ADDRESS (If rural, give location): 1516 Marshall St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 18, 1899
9. AGE (In years last birthday): 53 — If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Young
14. MOTHER'S MAIDEN NAME: Martha Mick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: John Howard Benson, Sr. (Husband) ADDRESS: Same

MEDICAL CERTIFICATION

18. 332X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO

ANTECEDENT CAUSES

(B) Hypertension — 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Right Hemiplegia — 1 mos

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Jan 5, 1953 *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 8:40 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Muller Nuh M. D.
23B. ADDRESS: 1228 Cleve
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 8, 1953
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Q. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: O. Howard Evans
ADDRESS: 1400 S Charles St. Balto 30 Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

S-415

53 0099
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0099

1. NAME OF DECEASED (Type or Print): Sippie Sullivan
2. DATE OF DEATH: Jan. 1-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1512 Madison Ave
c. Length of stay in Baltimore (Yrs. Mos. Days): 24

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1512 Madison Ave

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 25, 1877
9. AGE (In years last birthday): 75 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenville S. C.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Milton Johnson
14. MOTHER'S MAIDEN NAME: Tina Chapman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs Ozella Sullivan
ADDRESS: 1512 Madison Ave

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO

(B) Cerebral V[illegible] — 1 year

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15 *, 19*52 *to* Jan 1 *, 19*53 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 5116 Belton
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 6-1953
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Earl Gilmore
ADDRESS: 519 Mosher St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-500

53 0100

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0100

1. NAME OF DECEASED (Type or Print): Donohue, Clara

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 18 9-06
D. STREET ADDRESS (If rural, give location): 2913 Alemeda Blvd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 9, 1877
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Wehrhahm
14. MOTHER'S MAIDEN NAME: Catherine Weber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mr.Edw.Wehrhahm
ADDRESS: 2913 Alameda.Blvd. 18

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C) Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Dec. 16 & 23, '52
19B. MAJOR FINDINGS OF OPERATION: Arteriosclerotic gangrene, legs
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 9, 1952, *to* January 5, 1953 *that I last saw the deceased alive on* January 5, 1953, *and that death occurred at* 9:03 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: E. B. Offay Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan.6,1953
24C. NAME OF CEMETERY OR CREMATORY: St.Johns Cem, Middle Queens Village
24D. LOCATION (City, town, or county) (State): Long Island, New York

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Philip Haurig Sons
ADDRESS: 2024 Orleans St.31

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-120

53 0101

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0101

1. NAME OF DECEASED (Type or Print): MARGARET DAVIS

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-03
D. STREET ADDRESS (If rural, give location): 835 W. Franklin Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 18 1887
9. AGE (In years last birthday): 65
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shady side Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dan Davis
14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ord Davis — ADDRESS: 720 N. Carrollton

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: RS Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/1953
24C. NAME OF CEMETERY OR CREMATORY: St. Peters Cem
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 N. Schroeder St.

VS 151

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

53 0102

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0102
Registered No.

1. NAME OF DECEASED (Type or Print): MARSHALL SMITH

2. DATE OF DEATH: January 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-04
D. STREET ADDRESS (If rural, give location): 424 N. Chapel Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 24, 1907
9. AGE (In years last birthday): 45
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bedford Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Smith
14. MOTHER'S MAIDEN NAME: Anna Fowler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elizabeth Smith ADDRESS: Lynchburg Va.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive and Arteriosclerotic Cardiovascular Disease

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/1953
24C. NAME OF CEMETERY OR CREMATORY: Lynchburg Va.
24D. LOCATION (City, town, or county) (State): Lynchburg Va.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schooler St.

VS 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-216

53 0103

HOCHBERG

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0103

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs JENNIE HOCHBERG

2. DATE OF DEATH Jan 5 - 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland 3406 Woodbrook ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

C. Length of stay in Baltimore 45 Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 13-04
D. STREET ADDRESS (If rural, give location) 3406 Woodbrook ave

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) married
8. DATE OF BIRTH December 5 - 1891
9. AGE (In years last birthday) 61 yrs. | If Under 1 Year: Months — Days — | If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Nathan Rappaport
14. MOTHER'S MAIDEN NAME Fanny Potofsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Adel Hochberg ADDRESS 3406 Woodbrook ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis - Hypertension

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1952, to Jan 5, 1953 that I last saw the deceased alive on Jan. 5, 1953. and that death occurred at 10 30 m., from the causes and on the date stated above.

23A. SIGNATURE Benjamin Kadyk M. D.
23B. ADDRESS 2306 Eutaw Pl. Balto. 17 Md
23C. DATE SIGNED 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1-6-53
24C. NAME OF CEMETERY OR CREMATORY Rosedale
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 6 1953
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Jack Levin Inc
ADDRESS 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

5-600

53 0104

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0104

Registered No.

1. NAME OF DECEASED. (Type or Print) CHRISTIAN L. SAUR

2. DATE OF DEATH 1-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4209 Schley Ave
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY 27-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4209 Schley Ave

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH Jan-4-1883
9. AGE (In years last birthday) 70 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY American Oil
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME August L. Saur
14. MOTHER'S MAIDEN NAME Barbara Hutzler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leonard Saur
ADDRESS 1640 Kingsway

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio Vascular Hypertension Disease — 4 years

DUE TO

(C) Arteriosclerosis — 4 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 30, 1949, *to* Dec 6, 1953 *that I last saw the deceased alive on* Dec 5, 1953, *and that death occurred at* 8:10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE Michael J. Dousek M. D.
23B. ADDRESS 4636 Belair Rd
23C. DATE SIGNED 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1-9-53
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 6 1953
REGISTRAR'S SIGNATURE H. Eugene Neidhardt, M.D.
25. FUNERAL DIRECTOR Leonard S. Bulk & Sons
ADDRESS 5305 Harford Rd

VS 150

6906K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

N-242

53 0105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0105

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY J. NICKLAS

2. DATE OF DEATH: 1-5-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4700 HARFORD RD
C. Length of stay in Baltimore: 65 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 7-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 794 Y E. MONUMENT ST

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 5-14-1881 ?
9. AGE (In years last birthday): 71 ! | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. WIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FREDERICK MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM LOCHNER
14. MOTHER'S MAIDEN NAME: LOUISA NEWPORT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: AGNES E. CRAVER ADDRESS: 5 S. BERNICE AVE

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

(B) Cardio Vascular Disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952 *to* Dec 30, 1952, *that I last saw the deceased alive on* Dec 30, 1952, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Sherman M. D.
23B. ADDRESS: 2687 Madison Ave
23C. DATE SIGNED: Jan 6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-8-1953
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John B. M. Walters
ADDRESS: PRATT & STRICKER STS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-163

53 0106

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0106

1. NAME OF DECEASED (Type or Print): ELLSWORTH D. SHEPPARD

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1203 E. North Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1203 E. North Avenue

209

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 23, 1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Salesman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Sheppard
14. MOTHER'S MAIDEN NAME: Martha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mamie R. Sheppard, ADDRESS: 1203 E. North Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Emphysema, Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO

(B) Congestive Heart Failure — 6 mos

DUE TO

(C) Chronic Bronchitis — 25 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

502.0

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 19 46 *to* Jan 5, 19 53, *that I last saw the deceased alive on* Jan 4, 19 53, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sol Smith M. D.
23B. ADDRESS: 1223 E. North Ave
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

49068

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

A-536

53 0107

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0107

Registered No.

1. NAME OF DECEASED (Type or Print): SADIE A. ANDERSON

2. DATE OF DEATH: 1-5-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL
C. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 7 BOX 2752
D. STREET ADDRESS (If rural, give location): CARVER BEACH, Md. BALTO. 28

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 22 Oct. 1887
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE W. STREET
14. MOTHER'S MAIDEN NAME: ELLA STEVENS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Conrad F. Anderson
ADDRESS: Carvel Beach A.A. Co.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)

175X

(A) ADENOCARCINOMA OF OVARY

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PELVIC CARCINOMATOSIS, INTESTINAL OBST.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8-, 1952, to 1-5-, 1953, that I last saw the deceased alive on 1-4-, 1953, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Leo Rein, M. D.
23B. ADDRESS: Md. Gen. Hosp.
23C. DATE SIGNED: 1-5-53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel County Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B-500

53 0108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0108

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GERALD B. BOONE

2. DATE OF DEATH: Jan. 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3432 Edmondson Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 3432 Edmondson Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 13, 1892
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles F. Boone
14. MOTHER'S MAIDEN NAME: Ida Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-4976
17. INFORMANT: Miss Alene Boone — ADDRESS: 3432 Edmondson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) advanced arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: about 10 mos.

DUE TO cerebral hemorrhage and paralysis Aug. 16, 1952

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 12, 1952, *to* Jan. 4, 1953 *that I last saw the deceased alive on* Jan. 3, 1953, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles Diblitt M. D.
23B. ADDRESS: 2220 Garrison Blvd
23C. DATE SIGNED: Jan. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/6/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Alvin J. Wickner & Sons — ADDRESS: Balto. 17, Md.

VS 150

52349

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

T-656

53 0109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0109

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Eleanor M. Turner

2. DATE OF DEATH: Jan. 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1400 N. Lexington St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Women's and Aged Men's Homes
C. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02
D. STREET ADDRESS (If rural, give location): 1400 N. Lexington St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 31 1867
9. AGE (In years last birthday): 85 — If Under 1 Year: Months 5, Days 4; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Foster Maynard
14. MOTHER'S MAIDEN NAME: Mary Jane Hudson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: L. N. Read — ADDRESS: 1400 N. Lexington St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cerebrovascular disease — —

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* Jan. 4, 1953, *that I last saw the deceased alive on* Jan 2, 1953, *and that death occurred at* 5.00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Newland Edward Day M. D.
23B. ADDRESS: 4-E-33rd St-18.
23C. DATE SIGNED: January 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

C-416

53 0110

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0110

1. NAME OF DECEASED (Type or Print): CLAPPER, MARY (MARY J. CLAPPER)

2. DATE OF DEATH: 1-4-53.

3. PLACE OF DEATH:
A. Baltimore City, Maryland — S. BALTO. GEN. HOSP.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTIMORE GEN. HOSP
C. Length of stay in Baltimore: Yrs. 3 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-03
D. STREET ADDRESS (If rural, give location): 3438 ERDMAN AVE. #13

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 18 1880
9. AGE (In years last birthday): 72
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: FRANKLIN WALKER
14. MOTHER'S MAIDEN NAME: SUSAN FUHRMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. ELIZ. HANSEN — ADDRESS: 3438 ERDMAN AVE

MEDICAL CERTIFICATION

18. 157X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) BILIARY CIRRHOSIS — ?
DUE TO ATELECTASIS LUNG
CA OF HEAD OF PANCREAS (?)
CA OF LIVER (?)
(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-22-52 3
19B. MAJOR FINDINGS OF OPERATION: PRIMARY CA OF LIVER
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 14, 1952 *to* JAN. 4, 1953 *that I last saw the deceased alive on* JAN 4, 1953 *and that death occurred at* 5:50 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: W. W. Conway M. D.
23B. ADDRESS: South Baltimore Gen Hosp
23C. DATE SIGNED: 1-4-53.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-7-53
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
24D. LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD. MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Charles S. Feiler
ADDRESS: 901 S. CONKLING ST

VS 150

MARGIN RESERVED FOR BINDING

...LY, WITH UNFADING INK. Every item of information should be carefully supplied. The ... especially important. Physicians: please write the causes of death clearly and legibly.

correct ...

B-240

53 0111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0111

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Bagley

2. DATE OF DEATH: January 2 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1031 Rutland Ave.
C. Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1031 Rutland Ave

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30 1877
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meherrin Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anderson Bagley
14. MOTHER'S MAIDEN NAME: Eliza ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alice Bagley — ADDRESS: 1031 Rutland Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Nephritis (uremia) — Interval between onset and death: 1 wk.

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis. Cardiac Vascular Hyper. — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Duodenal ulcer (acute flare up) — 10 yrs

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13 1952, *to* Jan 2, 1953, *that I last saw the deceased alive on* Jan 1, 1953, *and that death occurred at* 11 45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ralph J. Young M. D.
23B. ADDRESS: 1532 E Monument St
23C. DATE SIGNED: Jan 5 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 6 53
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Robert A. Elliott Daughter
ADDRESS: 1124 N. Carolina St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

S-536

53 0112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0112

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alma C. Sanders

2. DATE OF DEATH: Jan. 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2224 Madison Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY ~~OR TOWN~~ (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 340 Bloom Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 29 1892
9. AGE (In years last birthday): 60 — If Under 1 Year: Months 5, Days 5 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Sampson, Md.
14. MOTHER'S MAIDEN NAME: Maggie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ella S. Easley, ADDRESS: 1323 Tee St. N.W. D.C. Wash.

MEDICAL CERTIFICATION

18. 581.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO arteriosclerosis
ANTECEDENT CAUSES
(B) Hypertension ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO Cirrhosis of liver 2
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* 1-3-, 1953 *that I last saw the deceased alive on* 1-3, 1953. *and that death occurred at* 1145 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis E. Hamm M. D.
23B. ADDRESS: 2224 Madison Av.
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 7, 1953
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John M. Johnson
ADDRESS: 1700 Druid Hill Ave.

VS 150

0938V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-560

MONROE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0113

BIRTH NO. 53 0113

1. NAME OF DECEASED (Type or Print): Louise Monroe

2. DATE OF DEATH: 1/5/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 22-02
D. STREET ADDRESS (If rural, give location): 422 Eutaw Street

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 70
If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Sarah Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Monroe
ADDRESS

MEDICAL CERTIFICATION

18. 163X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 1) Carcinoma of lung
DUE TO 2) Terminal Uremia

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2, 1953 *to* 1/5, 1953 *that I last saw the deceased alive on* 1/4, 1953, *and that death occurred at* 12:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Michael J. Foley M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemty
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H. B. Jones
ADDRESS: 1390 W. Hamburg St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-552
53 0144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0144

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Beulah N. Jennings

2. DATE OF DEATH: Jan 5-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2227 W. Lexington
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none
C. Length of stay in Baltimore: 35 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 70-02
D. STREET ADDRESS (If rural, give location): 2227 W. Lexington St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 8-26-1906
9. AGE (In years last birthday): 46
If Under 1 Year: Months 4, Days 9
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mullins S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Arch. Livingston
14. MOTHER'S MAIDEN NAME: Anna McC. Duffey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Norman Jennings
ADDRESS: 2227 W. Lexington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Urinary Bladder — Unknown
DUE TO: C metastases — Past 4-5 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Anemia & Myocardial Insufficiency — Unknown

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1950, *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Garland Chiswell Jr. M. D.
23B. ADDRESS: 1038 Edmondson Ave
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Mullins South Carolina

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: James A. Hayes
ADDRESS: 638 N. Gilmor St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

B-252
53 0115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0115

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT C. BUCKMASTER

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: 36 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Dundalk 5353
D. STREET ADDRESS (If rural, give location): 1903 MONUMENTAL RD. [redacted] - ☒

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MARCH 24 1910
9. AGE (In years last birthday): 42
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chaueffeur
10B. KIND OF BUSINESS OR INDUSTRY: Heckt Brothers
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT C. BUCKMASTER Dept. Home
14. MOTHER'S MAIDEN NAME: BERTHA HILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: ELIZABETH BUCKMASTER
ADDRESS: 1903 MONUMENTAL RD (DUNDALK)

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion with Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Renal Insuffiency with Uremia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20 th, 1952 *to* Jan. 5th, 1953, *that I last saw the deceased alive on* Jan. 5 th 1953, *and that death occurred at* 5:20a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Osvaldo Berrio M. D.
23B. ADDRESS: 1400 N. Caroline Street - 13
23C. DATE SIGNED: Jan. 5 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: BALTIMORE CEMT.
24D. LOCATION (City, town, or county) (State): BALTO. CITY MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: C. F. Hoffmann
ADDRESS: 1639 N. Broadway

VS 150

683 6C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

J-520
53 0116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0116
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES E. JONES

2. DATE OF DEATH: JAN 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3114 REMINGTON AVE
c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 12-07
D. STREET ADDRESS (If rural, give location): 3114 REMINGTON AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 9 1876
9. AGE (In years last birthday): 76
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LABORER
10B. KIND OF BUSINESS OR INDUSTRY: PENNA. R.R.
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: AMOS JONES.
14. MOTHER'S MAIDEN NAME: MARGARET WILSON.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: LILLIE JONES. ADDRESS: 3114 REMINGTON AVE.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949 to 1-4, 1953; that I last saw the deceased alive on 1/3/, 1953 and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE: A. Weiss, M. D.
23B. ADDRESS: 290 L Huntingdon Ave
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN 7, 1953
24C. NAME OF CEMETERY OR CREMATORY: ST. MARY'S, HAMPDEN
24D. LOCATION (City, town, or county) (State): 3900 ROLAND AVE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

R-500
53 0147

53 0147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph T. Ryan

2. DATE OF DEATH: Jan 3 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-02
D. STREET ADDRESS (If rural, give location): 21 N. Carey St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 8 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Special Police
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Patrick H. Ryan
14. MOTHER'S MAIDEN NAME: Maryland V. Fuller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-12-3858
17. INFORMANT: Catherine M. Sheffman — ADDRESS: 5141 Nelson Ave

MEDICAL CERTIFICATION

18. 022X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Luetic Aortitis c̄ Possible Dissecting Aneurysm — 4 hrs.

DUE TO

(C) Arteriosclerotic Cardiovascular Disease — 2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-00 P.M. Jan 3, 1953, to 9-05 P.M. Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953 and that death occurred at 9-05 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Chelsey D. Richardson M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-7-1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Howard Strong — ADDRESS: 3207 W. North Ave

MS 150

773 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

K-250

53 0118

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0118

1. NAME OF DECEASED (Type or Print): ADAM KOZAN

2. DATE OF DEATH: Jan 5 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2108 Bank Street
c. Length of stay in Baltimore: 38 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-05
D. STREET ADDRESS (If rural, give location): 2108 Bank Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Feb. 23 1887
9. AGE (In years last birthday): 66 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Balto. Transit Co.
10B. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: John Kozan
14. MOTHER'S MAIDEN NAME: Maryanna Gielinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Kozan ADDRESS: 2108 Bank St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

163X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardio-Vascular Disease — 4/10/50

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 10 *19*50*, to* JAN. 5 *, 19*53*, that I last saw the deceased alive on* JAN. 5 *, 19*53*, and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph F. Obenza M. D.
23B. ADDRESS: 2098 Chester St
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 8/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem
24D. LOCATION (City, town, or county) (State): Balto. County

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John W. Weber
ADDRESS: 4016 Chester Street

VS 150

97051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

L-340

53 0119
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0119

1. NAME OF DECEASED (Type or Print): Ada A.S. Little

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2923 Baker Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-06
D. STREET ADDRESS (If rural, give location): ~~29~~ 23 Baker St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/19/1884
9. AGE (in years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Cavano
14. MOTHER'S MAIDEN NAME: Emma C. Cavano

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George A. Little
ADDRESS: 2923 Baker St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — 1/5/53

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chr. Myocarditis — 1945

DUE TO
(C) Arteriosclerosis — 1945

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 30, 19~~52~~, *to* Jan. 5, 19~~53~~ *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 1 30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul Brown M. D.
23B. ADDRESS: 3604 Liberty Hgts. Av.
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24B. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington, Wellington, M.D.
25. FUNERAL DIRECTOR: John T. Stansbury
ADDRESS: 2700 Edmondson Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-362

53 0120

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0120

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): MABEL PETERS

2. DATE OF DEATH: 1/3/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1410 School St.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-01
D. STREET ADDRESS (If rural, give location): 1410 SCHOOL STREET

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 7/3/1899
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAUNDRESS
10B. KIND OF BUSINESS OR INDUSTRY: LAUNDRY
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ANDREW TYLER
14. MOTHER'S MAIDEN NAME: ANNIE WALLACE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 215-16-5476
17. INFORMANT: BENJAMIN MORSELL
ADDRESS: 1133 FRANKLIN ST

MEDICAL CERTIFICATION

18. 175X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the ovary — 6 months
DUE TO with metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Sept. 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary + metastasis
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1952, *to* Jan 2, 1953, *that I last saw the deceased alive on* 1/2, 1953, *and that death occurred at* 12/10 AM, *from the causes and on the date stated above.*

23A. SIGNATURE: Frank H Hurstenberg M.D. M. D.
23B. ADDRESS: 812 Park Ave
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/7/53
24C. NAME OF CEMETERY OR CREMATORY: ARBUTUS MEM'L PK.
24D. LOCATION (City, town, or county) (State): BALTO. COUNTY, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Charles Glorper
ADDRESS: 512 Cambridge St

VS 150

643 8C

L-500

53 0121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0121

Registered No.

BIRTH NO. Marian

1. NAME OF DECEASED (Type or Print): Marian Lane

2. DATE OF DEATH: Jan 4 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samuel Bryant
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 17-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 715 B Bruns St.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23 1897
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Lewis
14. MOTHER'S MAIDEN NAME: Jane Lewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Geo. Lane — ADDRESS: 715 Bruns St.

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Renal Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B) Malignant Hypertension — 2 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Chronic Nephritis — 7

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 1-4, 1953, that I last saw the deceased alive on 1-4, 1953, and that death occurred at 8.10 m., from the causes and on the date stated above.

23A. SIGNATURE: Charles Wade M. D.
23B. ADDRESS: 861 Baker
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: Balto-National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: [illegible] Huntingdon Maryland
25. FUNERAL DIRECTOR: Mrs Walter R. Williams
ADDRESS: 322 N Schroeder St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

G-615

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0122

BIRTH NO. 53 0122 48-25812

1. NAME OF DECEASED (Type or Print): Ronald Griffin

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland — Ward 14 L 14. 3 W

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Md. B. COUNTY: 18-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23

D. STREET ADDRESS (If rural, give location): 532 N. Carrollton Ave

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: 11-28-48

9. AGE (In years last birthday): 4 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Eli

14. MOTHER'S MAIDEN NAME: Opie Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Biliary Atresia — life

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4-, 1953 *to* 1-5-, 1953, *that I last saw the deceased alive on* 1-5-, 1953, *and that death occurred at* 8:45 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Neil H. Lima M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1/8/1953

24C. NAME OF CEMETERY OR CREMATORY: Balto National

24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 N Schroeder St

VS 150

G-635

53 0123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0123

Registered No.

BIRTH NO. Philip

1. NAME OF DECEASED (Type or Print) ~~Philip~~ Gordon

2. DATE OF DEATH 1-4-53

3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp., Inc

C. Length of stay in Baltimore 48 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18

D. STREET ADDRESS (If rural, give location) 4009 Lewiston Ave #15

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 3/5/01

9. AGE (In years last birthday) 51

If Under 1 Year: Months 10 Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Operator

10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co

11. BIRTHPLACE (State or foreign country) Shipyard

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME David Gordon

14. MOTHER'S MAIDEN NAME Ethel Levine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Ella Gordon ADDRESS 4009 Lewiston ave

MEDICAL CERTIFICATION

18. 151X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

(B) Carcinoma - Stomach

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4-53 *19*__, *to* 1-4-53, *19*__, *that I last saw the deceased alive on* 12-3, *19* 52 *and that death occurred at* 805 *p m., from the causes and on the date stated above.*

23A. SIGNATURE M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 1/7/53

24C. NAME OF CEMETERY OR CREMATORY Holmes Funeral Home

24D. LOCATION (City, town, or county) Baltimore St (State) Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 6 1953

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR David R. Martin

ADDRESS 1902 Eutaw place

VS 150

513 3U

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MT 600

53 0124
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0124

1. NAME OF DECEASED (Type or Print): JEANNIE RINGGOLD MYER
2. DATE OF DEATH: Jan 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 14-01
D. STREET ADDRESS (If rural, give location): 1807 BOLTON STREET

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MARCH 11, 1873
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired secretary
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM B. MYER
14. MOTHER'S MAIDEN NAME: MARIETTA SWINDELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Geo. Banks
ADDRESS: 1744 Park Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ca. of rectum with metastasis
DUE TO

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 12-22-52
19B. MAJOR FINDINGS OF OPERATION: Ca. of rectum with metastasis
Exploratory laparotomy, PRE colostomy
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29 *1952, to* JAN. 5 *, 1953 that I last saw the deceased alive on* JAN. 5 *, 1953, and that death occurred at* 5^15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. D. Hubbard M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Jan 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 7, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw Place

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

352

53 0125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0125

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Odume

2. DATE OF DEATH: Jan. 3 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1615 N. Broadway
C. Length of stay in Baltimore: 7 Yrs. (Yrs. Mos. Dnys)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1615 N. Broadway

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 8 1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Augusta Ga.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Odume
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Willie Odume — ADDRESS:

MEDICAL CERTIFICATION

18. 44 2X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio renal disease — ?

DUE TO

(C) Arteriosclerosis (senile)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Jan, 1953, that I last saw the deceased alive on 2 Jan, 1953, and that death occurred at 9P m., from the causes and on the date stated above.

23A. SIGNATURE: A. C. Burwell M. D.
23B. ADDRESS: 121 Cirquin St
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan. 7 53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Albany Georgia

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Forest A. Elliott & Daughter
ADDRESS: 1124 N. Carolina St.

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-652

53 0126

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0126

1. NAME OF DECEASED (Type or Print): Annie Prince

2. DATE OF DEATH: 1-3-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2101 W. Coldspring Lane
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bar-Wil-Ba Convalescent Home
c. Length of stay in Baltimore: Yrs. 6 years Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 905 Penna. Ave.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 20, 1877
9. AGE (In years last birthday): 75
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bennettsville S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Fred Prince
ADDRESS: 5 Beaver St. Rochester N.Y.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 450.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Senile arteriosclerosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile dementia

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1, 1953 *to* Jan. 3, 1953 *that I last saw the deceased alive on* Jan. 2, 1953, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. R. Campbell M. D.
23B. ADDRESS: 718 Dolphin St.
23C. DATE SIGNED: Jan. 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemet
24D. LOCATION (City, town, or county) (State): Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: H. E. Wilkins, M.D.
25. FUNERAL DIRECTOR: O. Halstead
ADDRESS: 918 Druid Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

For approval of Medical examiner.

A-536

53 0127

53 0127

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Sallie V. Anderson

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp.
C. Length of stay in Baltimore: 86 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 10-02
D. STREET ADDRESS (If rural, give location): 1030 Mc Alee Ct. #2

5. SEX: F
6. COLOR OR RACE: WL
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: June 9, 1862
9. AGE (in years last birthday): 90 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: EVELYN ANDERSON
ADDRESS: 1417 W. LOMBARD ST

MEDICAL CERTIFICATION

18. 44rx and E903.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Renal disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

William [illegible] M. D.

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fract l. femur. (lower 1/3 of shaft).

19A. DATE OF OPERATION: — 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1030 Mc Alee Ct.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/11/52 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped on Rug + fell to floor

22. I hereby certify that I attended the deceased from Dec 12, 1952 to Jan 5, 1953, that I last saw the deceased alive on 1/5/53, 19____ and that death occurred at 12 Midnight m. from the causes and on the date stated above.

23A. SIGNATURE: G. E. Bryant M. D.
23B. ADDRESS: Maryland Gen Hosp.
23C. DATE SIGNED: 1/5/53.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEMETERY
24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL COUNTY, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: [illegible] Inc.
ADDRESS: 1217 ST. PAUL ST.

VS 150

N-820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

R-240

53 0128

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0128

Registered No.

1. NAME OF DECEASED (Type or Print): Harry Seth Rockwell

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12 03
D. STREET ADDRESS (If rural, give location): 2604 Calvert St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Aug 15, 1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Cards
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles R. Rockwell (W)
14. MOTHER'S MAIDEN NAME: Ella Clarke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Rockwell
ADDRESS: same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

DUE TO

(B) Generalized arteriosclerosis — yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11-52, 19__, *to* 11-17-52, 19__, *that I last saw the deceased alive on* 11-17-52, 19__, *and that death occurred at* 6 55 *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. R. Bierly M. D.
23B. ADDRESS: Union Memorial
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

49068

Please fill MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

William Hoyt M.D.

~~CHIEF~~ OR ASS'T. MEDICAL EXAMINER

P-620

53 0129

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0129

1. NAME OF DECEASED (Type or Print): JOHN T. PRICE

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-01
D. STREET ADDRESS (If rural, give location): 1214 S. Hanover Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 6, 1872
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nat'l Enamel & Stamping Co. Press Operator
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Price
14. MOTHER'S MAIDEN NAME: --
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-10-7751
17. INFORMANT: Mrs. Anna Bloss — ADDRESS: 1223 Patapsco Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive arteriosclerotic ~~XXXXX~~ cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Nowak M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

K-550

KAMEN

53 0130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0130

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Max Kamen

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2445 Lakeview Avenue
c. Length of stay in Baltimore: 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-01
D. STREET ADDRESS (If rural, give location): 2445 Lakeview Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 76
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor, Retired
10B. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Kamen
14. MOTHER'S MAIDEN NAME: Leah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr George Kamen
ADDRESS: 250 W. 57th St. NY-NY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/1, 1952, *to* 1/25, 1953, *that I last saw the deceased alive on* 1/25, 1953, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: James Kamen, M. D.
23B. ADDRESS: 1472 Park Ave
23C. DATE SIGNED: 1/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 7 /53
24C. NAME OF CEMETERY OR CREMATORY: Anshei Emunah
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bros
ADDRESS: 1124-26 W. North Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

F-432

53 0131
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0131
Registered No.

1. NAME OF DECEASED (Type or Print): Feldstein, Oscar
2. DATE OF DEATH: 1.6.53
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 9 yrs. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-12
D. STREET ADDRESS (If farm, give location): 3704 Reisterstown Road
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 17, 1885
9. AGE (In years at last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Grocery store
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Abe Feldstein
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-26-4401
17. INFORMANT: Mrs. Emma Feldstein
ADDRESS: Reisterstown 3704 Road

MEDICAL CERTIFICATION

18. 420.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute myocardial infarction
DUE TO
(B) Arteriosclerotic heart
DUE TO
(C) disease and general arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ■
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1. 4. *, 19*53*, to* 1. 6 *, 19*53*, that I last saw the deceased alive on* 1. 6 *, 19*53*, and that death occurred at* 8^50 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Haly M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 1.6.53
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 7/53
24C. NAME OF CEMETERY OR CREMATORY: Shaarei Zion
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Geo. Heisner & Bros
ADDRESS: 1124-26 W. North Ave

VS 150

3906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

R-520

53 0132

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0132

1. NAME OF DECEASED (Type or Print): BENJAMIN J. REINIG

2. DATE OF DEATH: JAN 4 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2136 E. NORTH AVE
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8-02
D. STREET ADDRESS (If rural, give location): 2136 E. NORTH AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 25 1884
9. AGE (In years last birthday): 68 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10B. KIND OF BUSINESS OR INDUSTRY: CONST.
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOHN REINIG
14. MOTHER'S MAIDEN NAME: ZAMZOW

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-07-1705
17. INFORMANT: MABEL T. REINIG
ADDRESS:

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral accident — INTERVAL BETWEEN ONset AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Essential hypertension — 1 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* 1/4, 1953, *that I last saw the deceased alive on* 1/3, 1953, *and that death occurred at* 5:15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Conrad L. Rudder M. D.
23B. ADDRESS: 3128 Harford Rd
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC 7 1953
24C. NAME OF CEMETERY OR CREMATORY: PARKWOOD CEMETERY
24D. LOCATION (City, town, or county) (State): TAYLOR AVE.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. H. Lock
ADDRESS: 1201-03 PATTERSON PK AVE

VS 150

51524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

TU. 2/45 8

3128 HARFORD RD

K-560

53 0133

KNORR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0133

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jane E Knorr

2. DATE OF DEATH: Jan 5, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland 1830 E North Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1830 E North Ave
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13 Maryland
D. STREET ADDRESS (If rural, give location): 8-05

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: April 29, 1878
9. AGE (In years last birthday): 74
If Under 1 Year: Months 8 Days
If Under 24 Hours: Hours 7 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Tomlinson Baltimore Md
14. MOTHER'S MAIDEN NAME: Carrie Tomlinson Baltimore Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Emily King ADDRESS: 1830 E North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

170X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953 *to* Jan. 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 11 50 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: David Schwender M. D.
23B. ADDRESS: 1101 N. Wilton Ave
23C. DATE SIGNED: 1-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: January 9, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): E North Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Albert L. Kitzy
ADDRESS: 4642 Belair Road

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

125.

53 0134
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0134
Registered No.

1. NAME OF DECEASED (Type or Print): RIVKIN, REUBEN Rabbi
2. DATE OF DEATH: 6 Jan '53
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp. of Balt., Inc
C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-38
D. STREET ADDRESS (If rural, give location): 3708 Woodhaven Ave.
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 79 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rabbi
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lith
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Hersh
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lena Rivkin — ADDRESS: Same

MEDICAL CERTIFICATION

18. 157X and 260X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of pancreas

DUE TO

ANTECEDENT CAUSES

(B) Pathologic fracture left hip.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus

19A. DATE OF OPERATION: 10/3/52
19B. MAJOR FINDINGS OF OPERATION: Pathologic fracture left hip
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26, 1952, *to* 1/6, 1953, *that I last saw the deceased alive on* 1/6, 1953, *and that death occurred at* 1 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: Horace W Burton M. O.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-7-53
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, town, or county) (State): Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

H-160

CERTIFICATE CORRECTED 1-9-53

53 0135

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0135

1. NAME OF DECEASED (Type or Print): JOSEPH EDWARD HOOVER

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2709 Beethoven Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-02
D. STREET ADDRESS (If rural, give location): 2709 Beethoven Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 12, 1891
9. AGE (In years last birthday): 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weighman
10B. KIND OF BUSINESS OR INDUSTRY: Steel Mfg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jerome Hoover
14. MOTHER'S MAIDEN NAME: Elizabeth Fishpaw
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes — (If yes, give war or dates of service): World War No. 1
16. SOCIAL SECURITY NO.: 212-07-2840
17. INFORMANT: Mrs. Joseph E. Hoover — ADDRESS: 2709 Beethoven Ave.

MEDICAL CERTIFICATION

18. 420.1 and 260 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio vascular disease — 5 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitis

19A. DATE OF OPERATION: ——— 0
19B. MAJOR FINDINGS OF OPERATION: — ———
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 27, 1952 *to* Jan. 5, 1953, *that I last saw the deceased alive on* Jan. 2, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Millard K. Trabod Jr. M. D.
23B. ADDRESS: 3400 Woodbine Ave. Balt. 7, Md.
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto. 17, Md.

VS 150

390 3A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

R-453

53 0136

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0136

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): GEORGE G. RUHLAND

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1723 East 29th St.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 1723 E. 29th St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 23, 1882
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist
10B. KIND OF BUSINESS OR INDUSTRY: Merrill-Keyser
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Ruhland — machinery (A)
14. MOTHER'S MAIDEN NAME: Ricky Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Minnie Ruhland — ADDRESS: 1723 E. 29th St.

MEDICAL CERTIFICATION

18. 443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) UREMIA — 1/1/53

DUE TO

(B) HYPERTENSIVE — 1946

DUE TO CARDIO-Vascular Dis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 *19__, to* 1/5/53 *19__, that I last saw the deceased alive on* 1/4/53 *19__, and that death occurred at* 11:55 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Karfgm M. D.
23B. ADDRESS: 4531 Harford Rd.
23C. DATE SIGNED: 1/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 150

5443L

D-620

53 0137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0137

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS HENRY DORSEY

2. DATE OF DEATH: 1-5-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 N. CALHOUN St.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 19-01
D. STREET ADDRESS (If rural, give location): 415 N. CALHOUN St.

5. SEX: M.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-10-1890
9. AGE (In years last birthday): 62
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER (RETIRED)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO. Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: FRANK DORSEY Sr.
14. MOTHER'S MAIDEN NAME: AMELIA HART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-05-5317
17. INFORMANT: BESSIE DORSEY ADDRESS: 415 N. CALHOUN St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
443X
(A) Hypertensive Type Heart Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ----

22. *I hereby certify that I attended the deceased from* 11/11, 1952 *to* 1/5, 1953 *that I last saw the deceased alive on* 1/5, 1953, *and that death occurred at* 7:30 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Ann L. Bilkes, M. D.
23B. ADDRESS: 601 N. Calhoun St.
23C. DATE SIGNED: 1/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-9-53
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVARY
24D. LOCATION (City, town, or county) (State): A.A. County, Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph E. Rocks, Jr.
ADDRESS: 1304 N. Gaither

VS 150

780 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-400

53 0138

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0138

Registered No.

1. NAME OF DECEASED (Type or Print): William Francis Hill

2. DATE OF DEATH: 1-4-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USPHS Hospital Baltimore, Md.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-03
D. STREET ADDRESS (If rural, give location): 131 E. West Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23, 1888
9. AGE (In years last birthday): 64
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy Sheriff
10B. KIND OF BUSINESS OR INDUSTRY: County
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hill
14. MOTHER'S MAIDEN NAME: Margaret Mulligan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Records, USPHS Hospital, Balto., Md.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

160X

(A) Squamous cell carcinoma of pyriform sinus, right with metastases to neck nodes — Interval between onset and death: Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aspiration pneumonia, bilateral — 18 days

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7-52, 19__, *to* 1-4-53, 19__, *that I last saw the deceased alive on* 1-4-53, 19__, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. A. Hunter
J. A. Hunter, Med. Dir., Clinical Dir. M. D.
23B. ADDRESS: US PHS Hospital, Balto., Md.
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Beechwood Nat
24D. LOCATION (City, town, or county) (State): Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams MD
25. FUNERAL DIRECTOR: J. J. Fahey, Sons
ADDRESS: 1318 Light St

VS 150

78292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0139

BIRTH NO. 53 0139 BRIDGET

1. NAME OF DECEASED (Type or Print): Bridget C. Heelmann

2. DATE OF DEATH: 1/5/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore - Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1421 Hillman St
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Md
D. STREET ADDRESS (If rural, give location): 1421 Hillman St

5. SEX: F
6. COLOR OR RACE: N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: 8/20/1867
9. AGE (In years last birthday): 85
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Norris
14. MOTHER'S MAIDEN NAME: Bridget Norris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Wm Heelmann ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
427.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Chronic Endocarditis	2 mos
DUE TO		
ANTECEDENT CAUSES	(B) Arteriosclerosis	1 yr
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1952, *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. B. Melita M.D.
23B. ADDRESS: 1229 Hillman St
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: St Augustines
24D. LOCATION (City, town, or county) (State): Brooklyn Boyd

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Hartington Williams, M.D.
25. FUNERAL DIRECTOR: G. J. Fahey & Sons ADDRESS: Baltimore Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

F-430

X

53 0140

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0140

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES HENRY FLOYD

2. DATE OF DEATH: Jan. 5. 1953.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 27 Eggers Lane

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 22, 1891
9. AGE (In years last birthday): 61
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Floyd
14. MOTHER'S MAIDEN NAME: Louisa Umbaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 213-03-8844
17. INFORMANT: Margaret T. Floyd, ADDRESS: 27 Eggers ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 416 X — INTERVAL BETWEEN ONSET AND DEATH: Jan. 3. 1953

DUE TO

ANTECEDENT CAUSES

(B) — Jan. 5 1953

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Rheumatic heart disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: — 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan. 3. *, 1953, to* Jan. 5. *, 1953, that I last saw the deceased alive on* Jan. 5. *, 1953, and that death occurred at* 6:15 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ray Beasley M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: Jan. 5. 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 8, 1953
24C. NAME OF CEMETERY OR CREMATORY: St. Johns
24D. LOCATION (City, town, or county) (State): Ellicott City

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lee J. A. Cole
ADDRESS: 1913 W. Baltimore St.

VS 150

554

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Name correct age is especially important.

D-245

53 0141

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0141

1. NAME OF DECEASED (Type or Print): ANNa DIGELMAN

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 613 E. Biddle Street - 2

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1890
9. AGE (In years last birthday): 62yrs. If Under 1 Year: Months 11, Days 27; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own home.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George P. Fowler
14. MOTHER'S MAIDEN NAME: Mary J. McCuske
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Thomas J. Digelman ADDRESS: 613 E. Biddle St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 and 260X

(A) Cerebral thrombosis, right

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cerebrovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 29 th, 19 52, *to* Jan. 6th, 19 53, *that I last saw the deceased alive on* Jan. 6th, 19 53, *and that death occurred at* 12:20a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Carl Sommer M. D.
23B. ADDRESS: 1400 N. Caroline Street - 13
23C. DATE SIGNED: Jan. 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 9, 1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS: 924 E. Eager St.

0140

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

C-620

53 0142

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Isaac Cross

2. DATE OF DEATH: 1/3/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 421 Mott St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 421 Mott St
C. Length of stay in Baltimore Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 5-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 421 Mott St

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 19-1866
9. AGE (In years last birthday): 86
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charlie Cross
14. MOTHER'S MAIDEN NAME: Susie Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Viola Graham ADDRESS: 421 Mott St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertension Cardiovascular — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952 *to* 1/3, 1953 *that I last saw the deceased alive on* Nov 2-1, 1952 *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1205 N Linden
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 7-53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): A. A. Co, Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Wm. [illegible] M.D.
25. FUNERAL DIRECTOR: [illegible] Williams
ADDRESS: 515 Md Elderry St

VS 150

T-635

53 0143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0143

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie Angela Tridone

2. DATE OF DEATH: Jan-5-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 42 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL, and give township) 12-04
D. STREET ADDRESS (If rural, give location): 409 E. 20th St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 5-12-82
9. AGE (In years last birthday): 70 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Capracotta Italy
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Giovanni Del Castello
14. MOTHER'S MAIDEN NAME: Nunziata Ciccarelli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous pyelonephritis left and Tuberculous cystitis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1953, *to* 1-5, 1953 *that I last saw the deceased alive on* 1-5, 1953, *and that death occurred at* 1:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harold H. Baker M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 9 1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemet.
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Willis M.D.
25. FUNERAL DIRECTOR: Frank Weller Undertaker
ADDRESS: 322 S. High St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

M-460
53 0144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0144

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DANIEL COAKLEY MILLER

2. DATE OF DEATH: Jan. 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2560 Robb Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2560 Robb Street

907

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 24, 1887
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lever Man
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Miller
14. MOTHER'S MAIDEN NAME: Frances Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Hazel L. Miller
ADDRESS: 2560 Robb St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Caecum — INTERVAL BETWEEN ONSET AND DEATH: 5 month

DUE TO

ANTECEDENT CAUSES

(B) Metastasis in Liver — 1 month

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1 *, 1952, to* Jan 5 *, 1953, that I last saw the deceased alive on* Jan 4 *, 1953, and that death occurred at* 2-10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. Gill Hall M.D. M. D.
23B. ADDRESS: 1631 E. North Ave
23C. DATE SIGNED: Jan 6-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Monkton M. E. Cem.
24D. LOCATION (City, town, or county) (State): Monkton, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto. 17, Md.

VS 150

681 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

K 625
53 0145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0145

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mart KRUUSIMAA

2. DATE OF DEATH: 1-4-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital
C. Length of stay in Baltimore: 3 yrs 3 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 21-03
D. STREET ADDRESS (If rural, give location): 2716 Eutaw Ave Druid Hill Ave

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 11-10-83
9. AGE (In years last birthday): 69. If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Estonia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Gustav Kruusimaa
14. MOTHER'S MAIDEN NAME: Emilie Pauksentaun.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 225-30-3247
17. INFORMANT: Elsie Kruusimaa
ADDRESS 2764 Druid Hill Ave

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Genar. Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Hypertensive cardio-vascular Disease — Years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 1952 *to* Jan 3, 1953, *that I last saw the deceased alive on* 1-4-, 1953, *and that death occurred at* 9 15 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles N. Sewell M. D.
23B. ADDRESS: 4200 Parkwood Ave
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: JAN 7, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem.
24D. LOCATION (City, town, or county) (State): Edmondson Av. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WENDELL RIPPEL
ADDRESS: 312 S. Highland Ave

VS 150

690 6M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

H 530
53 0146

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0146

1. NAME OF DECEASED (Type or Print): Olivia Hunt

2. DATE OF DEATH: Jan 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Med. Col 4
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore 12 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2
D. STREET ADDRESS (If rural, give location): 917 Pillen St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-5-05
9. AGE (In years last birthday): 47 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mobry
14. MOTHER'S MAIDEN NAME: Corinne Veseley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 560 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Severe acute infection of the urinary tract

DUE TO

(B) Diabetes mellitus.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3-, 1952 *to* 1-3-, 1952 *that I last saw the deceased alive on* 1-3-, 1952 *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence E. Shulman M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1010 Brooklyn Ave

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E562
53 0147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0147
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARETE EINARSSON

2. DATE OF DEATH: 1/7/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 26 yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2827 Forest View Avenue, Balto, Md

27-02

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 23, 1891
9. AGE (In years last birthday): 59 yr
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife + Teacher
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Esthonia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: ERNST SCHWARZENBERG
14. MOTHER'S MAIDEN NAME: FROHLING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: –
17. INFORMANT: HUSBAND ADDRESS: PROF. STEFAN EINARSSON, 2827 FOREST VIEW AVE.

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal capsular hemorrhage – right cerebral hemisphere

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: –
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1953, to 1/7, 1953, that I last saw the deceased alive on 1/7, 1953, and that death occurred at 2 30 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Wardy S. Green, Jr. M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 1-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Jan 7 1953
24C. NAME OF ~~CEMETERY~~ OR CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Balti. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Willis Jr. M.D.
25. FUNERAL DIRECTOR: H. G. Jenkins & Sons
ADDRESS: 4905 York Rd

VS 150

0938V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520 TOMS 44rx

53 0148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0148

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1948 Annapolis Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County

(c) City or town Baltimore 25-43 (If outside city or town limits, write RURAL and give town)

(d) Street No. 1948 Annapolis Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Margaret Toms

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-2836

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Lewis N. Toms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1872

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Jacob Prizer

13. Birthplace Maryland

MOTHER

14. Maiden Name Harriet

15. Birthplace Maryland

16 (a) Informant G C Flowffer

(b) Address Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 9 53 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cem

Location Hagerstown Md

18 (a) Funeral director Andrew J Coffman

(b) Address Hagerstown Md

19 (a) JAN 7 1953 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1953, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 1952 to 1/7 1953, and that I last saw h... alive on 1/7 1953.

Immediate cause of death Acute Cardiac Failure — Duration 1 da

Due to Cardiovascular Renal Disease — Duration

Due to Generalized Arteriosclerosis — Duration 5 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph S. Laufauth M. D.

Address 679 Wash Blvd Balto Date signed 1/7/53

VS 3

53 0148

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the **risk of dying**, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

N 350 53 0149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0149

1953

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERMAN LEE NEWTON

2. DATE OF DEATH: Jan. 6, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oldhams
D. STREET ADDRESS (If rural, give location)

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated
8. DATE OF BIRTH: 4/23/07
9. AGE (In years last birthday): 45 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: TRUCKING
11. BIRTHPLACE (State or foreign country): Westmoreland Co., Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Newton
14. MOTHER'S MAIDEN NAME: Mary Henry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 451 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of dissecting aneurysm

~~DUE TO~~ of aorta

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/11/53
24C. NAME OF CEMETERY OR CREMATORY: Jerusalem
24D. LOCATION (City, town, or county) (State): Oldhams Va

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Reid & Weldon
ADDRESS: Oldham, Va

VS 151

68352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J 236
53 0150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 53 0150

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mildred Jester

2. DATE OF DEATH: January 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Del.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilmington
D. STREET ADDRESS (If rural, give location): 2815 Market St.

V-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-21-02
9. AGE (In years last birthday): 50
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Dunnock
14. MOTHER'S MAIDEN NAME: Sally Trigger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 416 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease

DUE TO

(B) Intractable Cardiac Failure

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1952, *to* 1-6, 1953, *that I last saw the deceased alive on* 1-6, 1953, *and that death occurred at* 4:45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: V. Falas de Aguilar M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Gracelawn
24D. LOCATION (City, town, or county) (State): Wilmington, Del.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Mathias M.D.
25. FUNERAL DIRECTOR: Albert J. McCrery
ADDRESS: Wilmington, Del

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 341
53 0151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0151
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie L. Rottloff

2. DATE OF DEATH: Jan 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4009 W. Franklin St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4009 W. Franklin St

20-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12, 1896
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wright
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Adolph F. Rottloff
ADDRESS: 4009 W. Franklin

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Thrombosis Coronary — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1950, *to* Jan 5, 1953 *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 1.30 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Menellis M. D.
23B. ADDRESS: 651 N Bentalou
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 8/53
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Wipfle
ADDRESS: 4101 Edmondson ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

S-500

53 0152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0152

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertie Sohn

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 230 S. Loudon Ave
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 230 S. Loudon Ave.

20 08

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3, 1892
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Rau
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Louis Sohn, ADDRESS: 230 S. Loudon Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 9/8/49

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

356.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/8, 19 49 *to* 1/6, 19 53, *that I last saw the deceased alive on* 1/4, 19 53, *and that death occurred at* 10 45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Eliot W. Johnson M.D.
23B. ADDRESS: 3432 Druid Park Ave
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 9, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Pitts
ADDRESS: 4101 Edmondson Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

B-620
53 0153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0153
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles R. Bruce
2. DATE OF DEATH: 1-6-53

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. Full name of hospital or institution (If not in hospital or institution, give street address or location): Franklin Square Hosp.
C. Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. State: 1708 Wilkens Ave Baltimore 23 Md.
B. County:
C. City or town (If outside corporate limits, write RFD or R.L. and give township): Baltimore 23 Md.
D. Street address (If rural, give location): 1708 Wilkens ave, Baltimore Md.

5. Sex: Male
6. Color or race: White
7. Single, married, widowed, divorced (Specify): Widowed
8. Date of birth: Oct 12, 1876
9. Age (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hours: Hours / Min.
10A. Usual occupation (Give kind of work done during most of working life, even if retired): Business Man
10B. Kind of business or industry: Bowling alley
11. Birthplace (State or foreign country): England
12. Citizen of what country?
13. Father's name: Wm. G. Bruce
14. Mother's maiden name: Elizabeth Sawers
15. Was deceased ever in U. S. armed forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. Social security no.
17. Informant: Gifford Howard Bruce, Address: 1937 W. Lombard St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart disease — Interval between onset and death: ?
DUE TO
ANTECEDENT CAUSES
(B) age
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cerebral thrombosis — ?

19A. Date of operation: 0
19B. Major findings of operation:
20. Autopsy? YES ☐ NO ☑

21A. Accident was underlying ☐ or contributing ☐ cause of death
21B. Place of injury (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. Where did injury occur? (If in Baltimore City, give exact location)
21D. Time of injury (Month) (Day) (Year) (Hour) m.
21E. Injury occurred: While at work ☐ Not while at work ☐
21F. How did injury occur?

22. *I hereby certify that I attended the deceased from* Jan. 48, *to* Jan. 6, 1953, *that I last saw the deceased alive on* Jan. 6, 1953 *and that death occurred at* 12:45 P.M., *from the causes and on the date stated above.*

23A. Signature: Harry B. Shreifer M. D.
23B. Address: 5 Y S. Fulton Ave.
23C. Date signed: 1-6-53

24A. Burial, cremation, removal (Specify): Burial
24B. Date: JAN. 9. 1953
24C. Name of cemetery or crematory: Meadowridge
24D. Location (City, town, or county) (State): Dorsey Md.

Date received by local registrar: JAN 7 1953
Registrar's signature: Huntington Williams, M.D.
25. Funeral director: Harry H. Leitz
Address: 4101 Edmondson Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-520

53 0154
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0154

1. NAME OF DECEASED (Type or Print): GEORGE M. KING

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hosp.
C. Length of stay in Baltimore: 23 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1002 S. Conkling St.

26509

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 21
9. AGE (In years last birthday): 47
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: Gen
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: MICHAEL KING
14. MOTHER'S MAIDEN NAME: SOSIAN POPSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARY C KING ADDRESS: 3042 BOSTON ST.

MEDICAL CERTIFICATION

18. 581.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty infiltration of liver
DUE TO Chronic alcoholism

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic bronchial asthma

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: B. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN 10/1953
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BLAIR ROAD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: STEPHEN J. FIALKOWSKI
ADDRESS: 1000 S. KENWOOD AVE

97099 Marie E. Fialkowski

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 563
K 563
53 0155

CERTIFICATE CORRECTED 2-4-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0155

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine Conrad (KONRAD)

2. DATE OF DEATH: Jan. 6 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balti
D. STREET ADDRESS (If rural, give location): 916 North Bradford St.

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 15, 1873
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Slovakia Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: Klima, Joseph
14. MOTHER'S MAIDEN NAME: Pazourak, Barbara
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Matilda Konrad ADDRESS: 916 N. Bradford St

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic cardiovascular

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 6, 1953, *to* Jan. 6, 1953, *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 12:05 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Eze-Jui Lin M. D.
23B. ADDRESS: Md. General Hospital
23C. DATE SIGNED: Jan. 6 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-9-1953
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: ER. CVACHOSON
ADDRESS: 900 N. CHESTER ST

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 534 53 0156

FAUNTleroy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0156

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Fauntleroy

2. DATE OF DEATH Jan. 1. 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fau-Wel-Ba Foundation House
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1203 N. Central Ave

10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	N.	S.	1884?	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man
10B. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT E. W. Tillery ADDRESS 2101 Cold Spring La

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 442x

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Renal Disease ?

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1- 19 53, to 1-15 19 53, that I last saw the deceased alive on 19, and that death occurred at 7 30 a m., from the causes and on the date stated above.

23A. SIGNATURE W. R. Johnson M. D.
23B. ADDRESS 423 Medical Bldg
23C. DATE SIGNED 1-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1/7/53
24C. NAME OF CEMETERY OR CREMATORY Mt Zion
24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 7 1953
REGISTRAR'S SIGNATURE Huntington Williams M.D.
25. FUNERAL DIRECTOR Charles A. Rice
ADDRESS 661 W. Baltimore St.

VS 150 Institution (Disease) Code 69074 Dr. Blake

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-416

53 0157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0157

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH ALBERT SR.

2. DATE OF DEATH: JAN 4/53

3. PLACE OF DEATH: A. Baltimore City, Maryland — BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. AGNES HOSPITAL

C. Length of stay in Baltimore: 45 YEARS — (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 611 S. SMALLWOOD ST.

20-05

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED —
8. DATE OF BIRTH: 10/28/1876
9. AGE (In years last birthday): 76
If Under 1 Year: Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): HUNGARY
12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: JOSEPH ALBERT DECD
14. MOTHER'S MAIDEN NAME: ADELLA ? DEC'D.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO.
17. INFORMANT: Joseph Albert Jr. 611 S. Smallwood St. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X and E 9000

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SUBARACHNOID HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

DUE TO LACERATION OF SCALP

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIOVASCULAR DISEASE —

DUE TO

(C) GENERALIZED ARTERIOSCLEROSIS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER, M. D.

19A. DATE OF OPERATION: JAN 2, 1953
19B. MAJOR FINDINGS OF OPERATION: SUBARACHNOID HEMORRAGE
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH: YES
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 611 S. SMALLWOOD ST
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 18 52 10:45 p.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? FELL DOWN STAIRS

22. *I hereby certify that I attended the deceased from* DEC 18, 1952, *to* JAN 4, 1953, *that I last saw the deceased alive on* JAN 4, 1953, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Carl Davis M. D.
23B. ADDRESS: ST. AGNES HOSPITAL
23C. DATE SIGNED: 1/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 8/53
24C. NAME OF CEMETERY OR CREMATORY: Mount Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Gillespie & Son
ADDRESS: 1300 Eutaw Pl

VS 150

N-853.0

17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct address is especially important. Physicians: please write the causes of death clearly and legibly.

L 300
53 0158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0158

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Samuel A. Lloyd Sr.

2. DATE OF DEATH: Jan 5th 1953

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2007 Penrose Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: 70 70
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 2007 Penrose Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 30 1882
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Copper Co
11. BIRTHPLACE (State or foreign country): Delta Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert R Lloyd
14. MOTHER'S MAIDEN NAME: Jennie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 216-03-4932
17. INFORMANT: Myrtle B. Lloyd
ADDRESS: 2007 Penrose

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

(B) Arteriosclerotic Cardio-vascular disease ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 15, 1951, *to* Jan. 5, 1953, *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* 6:40 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: D. Cuac Laughlin M. D.
23B. ADDRESS: 4508 Edmondson Village
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 8/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H. P. Hilbert & Son
ADDRESS: 1300 Eutaw Pl 17

VS 150

5443E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-350

53 0159

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0159

1. NAME OF DECEASED (Type or Print): GEORGE WHITNEY

2. DATE OF DEATH: 1/5/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: 30 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12 04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2125 St Paul St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Oct. 12, 1889
9. AGE (In years last birthday): 63
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Steel Ind.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leander Whitney
14. MOTHER'S MAIDEN NAME: Mary Fleer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Church Home & Hospital
ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Myocardial infarction — 4 days.
DUE TO
(B) Coronary Thrombosis
DUE TO
(C) Arteriosclerotic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1, 1953, *to* Jan. 5, 1953, *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* 12:25 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: David L. Dawson M. D.
23B. ADDRESS: Church Home & Hospital
23C. DATE SIGNED: Jan. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Wilson, M.D.
25. FUNERAL DIRECTOR: Wolf's Funeral Home
ADDRESS: 2112 Dundalk

VS 150

6903A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 652

53 0160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0160

BIRTH NO.

1953

1. NAME OF DECEASED (Type or Print): JOHN CARL ARENZ

2. DATE OF DEATH: Jan. 7, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 970 North Hill Road

9-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 7 1907
9. AGE (In years last birthday): 45 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: ~~Bearing Service Co~~ AUTO EQUPMNT (M)
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry C Arenz
14. MOTHER'S MAIDEN NAME: Lillian Hartung
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Margaret Arenz — ADDRESS: 907 North Hill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Myocardial infarction

DUE TO Coronary artery sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 10/53
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Callahan Funeral Home
ADDRESS: 2004 Orleans

VS 151

490 3M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-166272

D-560

53 0161

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0161

Registered No.

1. NAME OF DECEASED (Type or Print): John R. D'Amario

2. DATE OF DEATH: Jan. 6-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 641 S. Macon St. zone 24

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 23-1946
9. AGE (In years last birthday): 6 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Alfred J.D'Amario
14. MOTHER'S MAIDEN NAME: Elma Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records: ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: Life

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28-, 1952 *to* 1-6-, 1953, *that I last saw the deceased alive on* 1-6-, 1953, *and that death occurred at* 6.30AM, *from the causes and on the date stated above.*

23A. SIGNATURE: H. Johns Pa. M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 1-6-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 10/53
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem
24D. LOCATION (City, town, or county) (State): Balto Co

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holly Funeral Home
ADDRESS: 2004 Orleans

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY ~~MARYLAND STATE~~ DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

T-523 53 0162 H20.0 X 53 0162

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 337 Mercy Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Finksburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rolling Acres Farm
(If rural give LOCATION) 56-00

2(c) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Robertson T. Tunstall

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of ~~husband~~ or wife: Alice Bateson

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 22, 1885

8. AGE:

Years	Months	Days	If less than one day
67			____ hrs. ____ min.

9. Birthplace: Norfolk, Virginia
(Town, county, and state)

10. Usual occupation: Chief Underwriter

11. Industry or business: Federal Housing Adm.

FATHER
12. Name: William B. Tunstall
13. Birthplace

MOTHER
14. Maiden name: Elenore Turner
15. Birthplace

18. Informant: Mr. William B. Tunstall
Address: 5503 Leith Road

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: 1/8/53 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Maryland

18. Funeral director: Wm. Cook Inc.,
Address: 1217 St. Paul Street

19. JAN 8 - 1953 19 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

450 91

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6, 1953, at 1 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1951, to January 1953, and that I last saw him alive on January 1st 1953

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Arteriosclerotic heart disease,	aht. 5 yrs
Due to hypertension	
Other conditions: Emphysema of lungs, chron. bronchitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: 0

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. Walter Landon M.D.
M. D. or other

Address: Reisterstown, Md. Date signed: 1-6-53

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

H-635
53 0163

CERTIFICATE CORRECTED 1-15-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0163
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY J. HARDING

2. DATE OF DEATH: January 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 916 St. Dunstans Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 916 St. Dunstans Road

27-48

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 7, ~~1888~~ 1889
9. AGE (In years last birthday): ~~65~~ 63 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Johnson
14. MOTHER'S MAIDEN NAME: Mary Hahn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Cuy Harding, ADDRESS: 916 St. Dunstans Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Cardiovascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Jan. 7, 19 53, *that I last saw the deceased alive on* Jan. 7, 19 53, *and that death occurred at* 1 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: James E. McCle M. D.
23B. ADDRESS: 1331 E. North Ave
23C. DATE SIGNED: 1-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery
24D. LOCATION (City, town, or county) (State): Rosedale, Indiana

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: D. M. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

53 0164

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0164

1. NAME OF DECEASED (Type or Print): HAROLD N. BROWN

2. DATE OF DEATH: JANUARY 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

c. Length of stay in Baltimore: Over 50 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2114 MARYLAND AVE

12-57

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: JULY 1, 1896

9. AGE (In years last birthday): 56 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. MUSICIAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALEXANDER BROWN

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: FREDERICK R. HOLLOWAY, ADDRESS: 163 E NORTHGATE RD

MEDICAL CERTIFICATION

18. 581.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HEPATIC COMA — INTERVAL BETWEEN ONSET AND DEATH: 40 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PORTAL CIRRHOSIS — 4 years

DUE TO

(C) ALCOHOLISM — ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 8, 1952, *to* January 6, 1953 *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ray James Fischer M. D.

23B. ADDRESS: Mercy Hospital

23C. DATE SIGNED: Jan 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 1/9/53

24C. NAME OF CEMETERY ~~OR CREMATORY~~: LOUDON PARK

24D. LOCATION (City, town, or county) (State): BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1217 ST. PAUL ST.

VS 150

0578M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I 53 645 0165

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0165

1. NAME OF DECEASED (Type or Print): NOAH F. IRELAND

2. DATE OF DEATH: 1/7/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore — Middle River
D. STREET ADDRESS (If rural, give location): 1309 3rd Road #20

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: oct. 9, 1873
9. AGE (In years last birthday): 79 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Captain
10B. KIND OF BUSINESS OR INDUSTRY: Steamboat
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: John H. Ireland
14. MOTHER'S MAIDEN NAME: sarah chance

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. NAME OF HUSBAND OR WIFE: Irvina M. Ireland — ADDRESS: 1309-3rd Rd. Middle River Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomma of the Esophagus

DUE TO

(B) Acute dilatation of the heart.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1/2/53
19B. MAJOR FINDINGS OF OPERATION: carcinomma of the Esophagus
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1952 to 1/7, 1953 that I last saw the deceased alive on 1/7, 1953 and that death occurred at 4 pm, from the causes and on the date stated above.

23A. SIGNATURE: Lakeeb Bakhaw M. D.
23B. ADDRESS: Maryland General Hospital
23C. DATE SIGNED: 1/7/53

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR ~~CREMATORY~~: London Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul st.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

S 450

53 0166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0166

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia Willms Sloan

2. DATE OF DEATH: Jan 6 53

3. PLACE OF DEATH: A. Baltimore City, Maryland 39th Hartlesbury

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ambassador Apts

C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): Ambassador Apts

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb July 27 1881

9. AGE (In years last birthday): 71

If Under 1 Year: Months -, Days -; If Under 24 Hours: Hours -, Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Willms

14. MOTHER'S MAIDEN NAME: Margaret Boehm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: H. Hedrick

ADDRESS: Fidelity Bldg

MEDICAL CERTIFICATION

18. 447X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs +

DUE TO: Acute respiratory infection — 10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral accidents — Aug 1950-52

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 3:40 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: George D. Lapin, M. D.

23B. ADDRESS: 426 S. Calhoun St. Hr.

23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan 9 53

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge

24D. LOCATION (City, town or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Howard Moser Co.

ADDRESS: Balto.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 500
53 0167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0167
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Katharine Malin Bonn

2. DATE OF DEATH: Jan 1-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Charles & 24 St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Melchor Home

c. Length of stay in Baltimore: 15 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-09
D. STREET ADDRESS (If rural, give location): 515 Pembridge Rd - (12)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr-28-1879
9. AGE (In years last birthday): 73 — If Under 1 Year: Months —, Days —; If Under 24 Hours: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thaw Mahlin
14. MOTHER'S MAIDEN NAME: Katharine Mey Pest —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Thaw Mahlin (nephew) ADDRESS: Brookville N.J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
420.0	(A) Arteriosclerotic Heart Disease	6 mos.
	due to Old Rheumatic Heart Disease	?
	(B) Healed Duodenal Ulcer	10 yrs.
	due to (C) Cholelithiasis	1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Auricular Fibrillation — 6 mos.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1938, 19__, *to* 1-6-, 1953, *that I last saw the deceased alive on* 1-6-, 1953 *and that death occurred at* 2:45 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Robert Olive M. D.
23B. ADDRESS: 3105 N. Charles St.
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 9-53
24C. NAME OF CEMETERY OR CREMATORY: West Laurel Hill
24D. LOCATION (City, town, or county) (State): Phila Pa

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lewis & Monroe
ADDRESS: Balto.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-640

53 0168

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0168

1. NAME OF DECEASED (Type or Print): Crawley, Joe

2. DATE OF DEATH: 1-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.H
C. Length of stay in Baltimore: 8 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis
D. STREET ADDRESS (If rural, give location): 27 Cottage St

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH:
9. AGE (In years last birthday): 43 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10B. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Susan Flicher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 592X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Malignant Hypertension — unk
DUE TO
(B) R.O Acute hemorrhagic nephritis
DUE TO
(C) chronic glomerulonephritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31 *,* 1953 *to* 1-6 *,* 1953 *that I last saw the deceased alive on* 1-6 *,* 1953 *, and that death occurred at* 2 55 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: L. Felipe Gonzalez M. D.
23B. ADDRESS: U.H
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 8-1952
24C. NAME OF CEMETERY OR CREMATORY: Church Cemetery
24D. LOCATION (City, town, or county) (State): Mobile Alabama

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8-1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Via Brooks Ruggold
ADDRESS: 1463 N. Carey St

VS 150

643 8C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-53 625 0169

BIRTH NO.

CERTIFICATE CORRECTED 1-22-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0169

1. NAME OF DECEASED (Type or Print): AUGUST ANDREW J. PARKANSKY

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-01
D. STREET ADDRESS (If rural, give location): 2810 E. Baltimore St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9/10/93
9. AGE (In years last birthday): 59 — If Under 1 Year: Months 3, Days 27; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Pa. R. R.
11. BIRTHPLACE (State or foreign country): N. Y. City.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Pearl Parkansky — ADDRESS: 216 N. 12 St Sunbury Pa

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E800X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple extreme injuries including Crushing injury of chest and Traumatic amputation of right thigh

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): railroad yards
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pa. Railroad-Day View Yards 26-44
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 7, 1953 1:00 A. m.
21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: Fell between freight cars

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R W Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: West Side
24D. LOCATION (City, town, or county) (State): Shamokin Dam. Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Paul E. Schemmel Jr. — ADDRESS: 3615-17 Chestnut St

VS 151 N-862.2 20350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

For Approval by Medical Examiner

G-355

53 0170

BIRTH NO. 52-11535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0170

1. NAME OF DECEASED (Type or Print): GOODMAN ADDIE MAE

2. DATE OF DEATH: 1-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 3 months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 17-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 56 S. Dolphin St

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1952 1923
9. AGE (In years last birthday): If Under 1 Year: Months 7 Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley
14. MOTHER'S MAIDEN NAME: Margaret McKeever

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 491X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
R. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5-53, 19__, *to* 1-6-53, 19__ *that I last saw the deceased alive on* 1-6-53, 19__, *and that death occurred at* 1 40 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ben C. Adelstein M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-9-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frances A. Hensley Biddle
ADDRESS: 578a

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D+ 400
53 0171

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0171

1. NAME OF DECEASED (Type or Print): NELLIE L. DOOLEY

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4600 Mainfield Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Iowa
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Keosauqua
D. STREET ADDRESS (If rural, give location):

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 22, 1872
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Amandus Pearson
14. MOTHER'S MAIDEN NAME: Addie Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Philip L. Dooley
ADDRESS: 4600 Mainfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC DECOMPENSATION — 1/3/53

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic heart dis — years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 19 52, *to* 1/7/53, 19__, *that I last saw the deceased alive on* 1/7/53, 19__, *and that death occurred at* 6:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter E. Karlgen M. D.
23B. ADDRESS: 4331 Harford Rd
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/ 8/53
24C. NAME OF CEMETERY OR CREMATORY: Pittsburg
24D. LOCATION (City, town, or county) (State): Iowa

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M. D.
25. FUNERAL DIRECTOR: Wm. J. Dichner & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452

53 0172

CERTIFICATE CORRECTED 1-22-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0172

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY E. COLLINS

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Wyman Park Apts. ~~3015~~ 3301 Beech Avenue & 40th St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 19, 1860
9. AGE (In years last birthday): 92
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: - Magruder
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss Margarietta Collins
ADDRESS: 3945 Cloverhill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Crushing injury of chest
~~DUE TO~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Laceration and contusion of scalp
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Druid Park Drive near Greenspring Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 6, 1952 8:30 P.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Passenger in auto which skidded on ice & struck tree 15-12

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington T. Baer, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 151

N-862

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

M-200
53 0173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0173

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Myrtle Mask

2. DATE OF DEATH: 1/6/53

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore city

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 5-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1292 Lexington ST

5. SEX: Femal
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: unk
9. AGE (In years last birthday): 50 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic work
10B. KIND OF BUSINESS OR INDUSTRY: Maid
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unk
14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mercy Hospital Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 29 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C V D — 2 y

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur Klein, M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: Jan. 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy D. Wilson
ADDRESS: 1000 Beatty Ave

VS 150

720 FA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620

53 0174

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0174

1. NAME OF DECEASED (Type or Print): John Herbert Grace

2. DATE OF DEATH: January 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 523 S. Linwood Ave.
C. Length of stay in Baltimore: Life Yrs. Mos. Dnys

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 523 S. Linwood Ave.

1-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 26, 1886
9. AGE (in years last birthday): 66 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator
10B. KIND OF BUSINESS OR INDUSTRY: Wash. Navy Yard
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Grace
14. MOTHER'S MAIDEN NAME: Liza Guthrie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Florence M. Grace — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Bronchial asthma — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1949, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 2:50 *pm., from the causes and on the date stated above.*

23A. SIGNATURE: Geo. D. Lippy M. D.
23B. ADDRESS: 426 S Patterson Park Ave
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Willard, MD
25. FUNERAL DIRECTOR: John H. Denny, Inc.
ADDRESS: 715 Light St. Balto, 30, Md.

VS 150

513 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. George D. Lippey
1726 S. Patterson Blvd
Be. 0709

K-320

53 0175

BIRTH NO. Nonles

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0175

1. NAME OF DECEASED (Type or Print): Baby Boy Kitts

2. DATE OF DEATH: Jan 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis
D. STREET ADDRESS (If rural, give location): 33 Dean St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 3, 1953
9. AGE (In years last birthday): If Under 1 Year: Months: Days; If Under 24 Hours: Hours: 32 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Kitts
14. MOTHER'S MAIDEN NAME: Katherine Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 776 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/4, 1953 *to* 1/4, 1953, *that I last saw the deceased alive on* 1/4, 1953, *and that death occurred at* 9.00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: E Rauchfuss
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Fort Defiance
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: 9 5 3 0 0 0 1 7 4
25. FUNERAL DIRECTOR
ADDRESS

VS 150

Hospital Disposal

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D# 630
53 0176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0176

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas J. Doherty

2. DATE OF DEATH: Jan 7-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1039 Warden Ave
C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1015 Warden St

10-01

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 10 1879
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Doherty
14. MOTHER'S MAIDEN NAME: Sarah Donohoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mary Hayes
ADDRESS: 1039 Warden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease with Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 11 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 52, *to* Jan., 19 53, *that I last saw the deceased alive on* Jan. 6, 19 53, *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Kammer Jr. M. D.
23B. ADDRESS: 701 Sheridan Ave.
23C. DATE SIGNED: Jan. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: O. Chas. T. Evans & Son
ADDRESS: 116 W Mt Royal Ave

VS 150

970 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-560

53 0177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0177

Registered No.

BIRTH NO. 50-14822

1. NAME OF DECEASED (Type or Print): MARCELL TANNER

2. DATE OF DEATH: 1-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSP.
C. Length of stay in Baltimore: 2½ Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 818 CARROLL ST.

5. SEX: M
6. COLOR OR RACE: C
7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1950
9. AGE (In years last birthday): 2 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIE TANNER
14. MOTHER'S MAIDEN NAME: IDA CLAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/18/45 *19*51, *to* 1-6, *19*53, *that I last saw the deceased alive on* 1-6, *19*53, *and that death occurred at* 12 45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Benj. A. Cedelstein M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. Co., Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: H. [illegible]
25. FUNERAL DIRECTOR: Oakes & Brown & Son
ADDRESS: 108 W Montgomery St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-100

53 0178

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0178

1. NAME OF DECEASED (Type or Print): Ferdia E. Love

2. DATE OF DEATH: I/6/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1902 W. Lexington Street
C. Length of stay in Baltimore: 25 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 1902 W. Lexington Street

20 of

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 3/13/1899
9. AGE (In years last birthday): 53 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clover, S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Watson
14. MOTHER'S MAIDEN NAME: Mary G. Lawerence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ethel L. Bond — ADDRESS: 1902 W. Lexington, St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: About 5 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASCULAR DISEASE — ?

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8, 1951, *to* 1-6, 1953 *that I last saw the deceased alive on* 1-6, 1953, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas W. Harris M. D.
23B. ADDRESS: 1824 W. Franklin St
23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: I/9/53
24C. NAME OF CEMETERY OR CREMATORY: Clover
24D. LOCATION (City, town, or county) (State): South Carolina

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington S. Williams M.D.
25. FUNERAL DIRECTOR: Isaac L. Brown & Son — ADDRESS: 108 W. Montgomery St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-256
53 0179

WEGNEROWICZ

53 0179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jesse V. Wegnerowicz

2. DATE OF DEATH: 1-7-53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1111 S. Ellwood Ave

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Md B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - Md

D. STREET ADDRESS (If rural, give location): 1111 S. Ellwood Ave

1-01

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-15-94

9. AGE (In years last birthday): 58 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10B. KIND OF BUSINESS OR INDUSTRY: Kunkel + Haverstick

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Frances Wegnerowicz — ADDRESS: same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4201

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Arteriosclerosis — 2 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 10, 1950 *to* Jan., 1953, *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 2:35 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Clarence W. Toys, M. D.

23B. ADDRESS: 3023 Eastern Ave.

23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1-10-53

24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus

24D. LOCATION (City, town, or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: L. J. Zilch

ADDRESS: 403 S. Wolfe Street

VS 150

50044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-520

53 0180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0180

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Long

2. DATE OF DEATH: 1-7-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 S. Eaton St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - Md
D. STREET ADDRESS (If rural, give location): 412 S. Eaton St.

2689

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-29-01
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Revere Brass
11. BIRTHPLACE (State or foreign country): Baltimore -
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Conrad
14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Pearl Long — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1952, *to* January 6, 1953, *that I last saw the deceased alive on* January 6, 1953, *and that death occurred at* 7 9 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph R. Gilberto M. D.
23B. ADDRESS: 3508 Bank St
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Daly & Zeibach
ADDRESS: 403 S. Volk St.

VS 150

6903C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-215 W-256 0181

PAUSVAIN

53 0181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary J. Pausvain (Wagner)

2. DATE OF DEATH: 1-6-53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2302 Boston Street

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE: Md. B. COUNTY: 104

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Md.

D. STREET ADDRESS (If rural, give location): 2302 Boston Street

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-29-91

9. AGE (In years last birthday): 62 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kane

14. MOTHER'S MAIDEN NAME: Mary Hansen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: James Pausvain — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

491X

(A) Acute Cardio-vascular decompensation — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

(B) Acute Broncho-Pneumonia — 17 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 19 52, *to* Jan. 6, 19 53, *that I last saw the deceased alive on* Jan. 6, 19 53, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad Steinigke M. D.

23B. ADDRESS: 1000 E. Pratt St.

23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1-9-53

24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953

REGISTRAR'S SIGNATURE: Thurlington Williams M.D.

25. FUNERAL DIRECTOR: Wm. A. Gilbert — ADDRESS: 405 S. Wolfe St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

M-620
53 0182

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0182

1. NAME OF DECEASED (Type or Print): Nellie Mae Myers

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for the Women of Md.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reisterstown
D. STREET ADDRESS (If rural, give location): 19 Chatsworth Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-10-89
9. AGE (In years last birthday): 63 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Gardner
14. MOTHER'S MAIDEN NAME: Fannie Benson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Harry Kay — ADDRESS: Reisterstown Md.

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE — 4 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC HEART DISEASE — many years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 3, 1952, *to* Jan. 7, 1953, *that I last saw the deceased alive on* Jan. 7, 1953, *and that death occurred at* 9:45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lucile C. Parsons M. D.
23B. ADDRESS: Woman's Hospital
23C. DATE SIGNED: Jan 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: Jan. 10/53
24C. NAME OF CEMETERY OR CREMATORY: Finksburg Cem.
24D. LOCATION (City, town, or county) (State): Carroll Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. F. Kline Sons — ADDRESS: Reisterstown Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

J-212

53 0183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0183

BIRTH NO. 52-04176

1. NAME OF DECEASED (Type or Print): James Jacobs

2. DATE OF DEATH: Jan. 5-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give town): Baltimore
D. STREET ADDRESS (If rural, give location): 423 Central Ave N.

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Feb. 25, 1952
9. AGE (In years last birthday): If Under 1 Year: Months 10, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Jacobs
14. MOTHER'S MAIDEN NAME: Eunice Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. E 888.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydrocarbon ingestion (furniture polish) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

H. Weber M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 423 Central Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 2-53 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingested furniture polish at home

22. *I hereby certify that I attended the deceased from* 1-2, 1953, *to* 1-5, 1953, *that I last saw the deceased alive on* 1-5, 1953, *and that death occurred at* 2:05 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Herndon, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Buriel
24B. DATE: Jan. 8, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A. County Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8-1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Raymond Sanders
ADDRESS: Raymond Sanders 217 E. Preston Street

VS 150

N 979.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
53 0184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0184

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALICE ELIZABETH BRIAN

2. DATE OF DEATH: 1-7-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 634 Gutman Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 634 Gutman Avenue

9-08

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Brian
14. MOTHER'S MAIDEN NAME: Elizabeth Barry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs. Loretta Rogers — ADDRESS: 634 Gutman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

4rr. 1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Arteriosclerosis — 9 yrs
DUE TO
(B) Arteriosclerotic Cardio-Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 1953, 19__, *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roy M. Zimmerman M. D.
23B. ADDRESS: 2058 Harford Rd.
23C. DATE SIGNED: Jan. 7 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-9-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Harford Rd. Balto.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WIEDEFELD & SON
ADDRESS: GREENMOUNT AVE & 22ND

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 1630
53 0185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0185

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HOMER BRADY

2. DATE OF DEATH: 1/7/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: PARKIN.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 41 Parkton St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10/18/00
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Koppers Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 235-16-8624
17. INFORMANT: Hospital Records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 4 days approx.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/53, 19__, *to* 1/7/53, 19__, *that I last saw the deceased alive on* 1/7/53 19__, *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert A. Gebhardt M. D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: —
24D. LOCATION (City, town, or county) (State): Gassaway W. Va

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington W. Williams M.D.
25. FUNERAL DIRECTOR: Geo. O. Beyer Jr.
ADDRESS: 1512 Hollins St Balto. 23 Md.

VS 150

6903L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620
AB-165686
1-145
1-53 0186

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0186

1. NAME OF DECEASED (Type or Print): Alfreda Grace (Leblanc)

2. DATE OF DEATH: Jan. 7-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1237 S.Decker St.(Ave) zone 24

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 14-1927
9. AGE (In years last birthday): 25
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Grace
14. MOTHER'S MAIDEN NAME: Alice Leeder(Sweeder)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220-18-3500
17. INFORMANT: Baltimore City Hospitals Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic Cirrhosis with ruptured esophageal varices — INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9- , 19 52, *to* 1-7- , 19 53 *that I last saw the deceased alive on* 1-7- , 19 53, *and that death occurred at* 1.35PM., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave. Baltimore, Md.
23C. DATE SIGNED: 1-7-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 10 1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): German Hill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: 1800 E Lombard St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B53 400 0187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0187

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen Ball

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Ward a 2
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 603 W. Lafayette Ave.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-13-18
9. AGE (In years last birthday): 34 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John C Orange
14. MOTHER'S MAIDEN NAME: Dora Monroe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 622X

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure 2 Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

DUE TO

(B) Patent interventricular Septum

DUE TO

(C) Peritonitis ruptured tubal abscess

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Peritonitis from ruptured tubal abscess

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4, 1953, *to* 1-5, 1953, *that I last saw the deceased alive on* 1-5, 1953, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: K. C. Holzmann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/9/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 1953
REGISTRAR'S SIGNATURE: H. E. H. Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-615

53 0188

BIRTH NO. 52-22712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0188

1. NAME OF DECEASED (Type or Print): PATRICIA GRIFFEN

2. DATE OF DEATH: January 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 805 W. Lexington Avenue

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 17, 1952
9. AGE (In years last birthday): If Under 1 Year: Months 3, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jessie Griffin
14. MOTHER'S MAIDEN NAME: Ruth Ernest

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jessie Griffin ADDRESS: 805 W. Lex. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: B H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/8/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie B. Williams / Schroeder
ADDRESS: 322 N

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M #624
53 0189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0189

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MINERVA MORSELL

2. DATE OF DEATH: January 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 755 Dover Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 15 1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Patapsco Park Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Gross
14. MOTHER'S MAIDEN NAME: Elizabeth Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Walter Morsell
ADDRESS: 755 Dover St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — Hrs. 1 and 190x

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of the breast

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: William Sowell M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Kate R Williams
ADDRESS: 322 N. Schroeder St

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-362
53 0190

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0190

1. NAME OF DECEASED (Type or Print): James Waters

2. DATE OF DEATH: 1-7-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elkridge Md. ~~Crownsville State Hospital~~
D. STREET ADDRESS (If rural, give location): Elkridge Md

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 30, 1889
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: Gen.
11. BIRTHPLACE (State or foreign country): Elkridge Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Waters
14. MOTHER'S MAIDEN NAME: Susanna Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edna Parson ADDRESS: 2001 N. E. Ave. Baltimore Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory acidosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Post-op cerebral vascular accident — 3 weeks

DUE TO

(C) CA lung c̄ local metastases — 7

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility

19A. DATE OF OPERATION: 12-17-52
19B. MAJOR FINDINGS OF OPERATION: Bronchogenic CA c̄ metastases to periantic nodes
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5-53, 19__, *to* 1-7-53, 19__, *that I last saw the deceased alive on* 1-7, 1953, *and that death occurred at* 12 M. Midnight *m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald A. Wolfe M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/11/1953
24C. NAME OF CEMETERY OR CREMATORY: Haines Cem.
24D. LOCATION (City, town, or county) (State): Elkridge Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D. Peter R. Williams
25. FUNERAL DIRECTOR: Peter R. Williams
ADDRESS: 322 N. Schroeder St

VS 150

780 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 300
53 0191

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0191

1. NAME OF DECEASED (Type or Print): CLARA WYATT

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3117 Abell Avenue

12-02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-2-1880
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Mt Savage Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John P. Wills
14. MOTHER'S MAIDEN NAME: Martha E Thorpe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Della Ritterskofer ADDRESS: 47 Fairmount

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R R Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Bath Memorial
24D. LOCATION (City, town, or county) (State): Bath Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J J Rush
ADDRESS: 5-305 Hanford Pl

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 255

53 0192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0192

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MILTON E BUCKMAN

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4603 Frankford Avenue -6

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-7-1875
9. AGE (In years last birthday): 78
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Stationary Eng.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Noah Buckman
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Maria A. Buckman
ADDRESS: 4603 Frankford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Hypertensive Cardiovascular disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 24 th, 1952, *to* Jan. 7th, 1953, *that I last saw the deceased alive on* Jan. 7 th 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Flaues M. D.
23B. ADDRESS: 1400 N. Caroline Street -13
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. Kirk
ADDRESS: 1120 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-323
53 0193

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0193

1. NAME OF DECEASED (Type or Print): JESSIE STOCKTON

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 5 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garrison
D. STREET ADDRESS (If rural, give location): Craddocks Lane

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct 10-
9. AGE (In years last birthday): 65
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Graduate Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Nurse
11. BIRTHPLACE (State or foreign country): Chester, England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Potter
14. MOTHER'S MAIDEN NAME: Ann Carrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Richard Stockton
ADDRESS: Sudbrook Lane.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E982X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

~~DUE TO~~

ANTECEDENT CAUSES

(B) Lacerations and contusion of brain

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Craddock Home-Garrison, Md.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 6, 1952 1:00 A. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Struck on head with axe

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-9-53
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Frank H. Newell
ADDRESS: Pikesville, Md

VS 151

N 803.2 058PT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-612

53 0194

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0194

1. NAME OF DECEASED (Type or Print): EDWARD RANKIN GRAVES

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital
Wyman Pk. Drive & 31st Street
C. Length of stay in Baltimore 444 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Montgomery
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kensington
D. STREET ADDRESS (If rural, give location): 10537 St. Paul Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12/29/02
9. AGE (In years last birthday): 50 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roland Graves
14. MOTHER'S MAIDEN NAME: Valleria Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-22-5155
17. INFORMANT: Records- US PHS Hospital, Balto, Md. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

592X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic glomerulonephritis with generalized edema — unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 22, 1951, *to* Jan. 8, 1953, *that I last saw the deceased alive on* Jan. 8, 1953, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul M. Duffy, M. D.
23B. ADDRESS: US PHS Hospital, Balto, Md.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 8 1953
24C. NAME OF CEMETERY OR CREMATORY: Lebanon Ky
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. Don DeVol — ADDRESS: 2224 Wis Ave

VS 150

34094 Thomas J. Kenny Inc

MARGIN RESERVED FOR BINDING

PLEASE PRINT LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB

B-600

53 0195
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0195

1. NAME OF DECEASED (Type or Print): George H. Bauer
2. DATE OF DEATH: January 7, 53

3. PLACE OF DEATH: A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2829 E. Madison St.
c. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md. 7-01
D. STREET ADDRESS (If rural, give location): 2928 E. Madison St.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 8/19/1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Runner
10B. KIND OF BUSINESS OR INDUSTRY: 1st Nat. Bank
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B.
14. MOTHER'S MAIDEN NAME: Sophia Zaechelein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-1259
17. INFORMANT: Geo. Bauer Jr. ADDRESS: 2928 E, Madison St

MEDICAL CERTIFICATION

18. 181X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Failure — 2 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Carcinoma of Bladder — 2 years
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1952 to Jan 7, 1953 that I last saw the deceased alive on Jan 5, 1953 and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Israel Rosen M. D.
23B. ADDRESS: 2413 E. Monument St
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Immanuel Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Paul A. Heimann ADDRESS: 6067 Harford Rd.

VS 150

340 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. I. Rosen
Monument St.

H-200

53 0196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0196

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Hicks

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 16-01
D. STREET ADDRESS (If rural, give location): 1009 Harlem Ave

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-30-80
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10B. KIND OF BUSINESS OR INDUSTRY: Apartment Bldg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Jarrett Hicks
14. MOTHER'S MAIDEN NAME: Hannah Bantam

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-05-9002
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 177X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 months +

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Prostate

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Nov 25, 1952
19B. MAJOR FINDINGS OF OPERATION: Ca of Prostate
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1952, to 1-7, 1953, that I last saw the deceased alive on 1-7, 1953, and that death occurred at 9:20 A m., from the causes and on the date stated above.

23A. SIGNATURE: John T. Gephart MD, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James W. Bedell
ADDRESS: 436 W. Biddle St

VS 150

76174

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 551

53 0197

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0197

Registered No.

1. NAME OF DECEASED (Type or Print): FREDERICK HAMMENBACHER

2. DATE OF DEATH: 1/7/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: 28 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 1840 E. 28th St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 27, 1864
9. AGE (In years last birthday): 88 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Picture framer
10B. KIND OF BUSINESS OR INDUSTRY: Art Shop
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lenard Hammerbacher
14. MOTHER'S MAIDEN NAME: Elizabeth Heiser
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-01-3342
17. INFORMANT: Mrs. Marie H. Schneider — ADDRESS 1931 E. 28th St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC LEUKEMIA

DUE TO

(B) ANEMIA

DUE TO

(C) CONGESTIVE HEART FAILURE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: No operation
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1953 *to* 1/7, 1953, *that I last saw the deceased alive on* 1/7, 1953, *and that death occurred at* 3:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Samuel W. Deisher M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 9, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: H. E. Fox Williams M.D.
25. FUNERAL DIRECTOR: H. Sander & Sons, Inc.
ADDRESS: Balto., Md.

Geo. P. Sander

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 632

53 0198

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0198

1. NAME OF DECEASED (Type or Print): GEORGE J. FRITSCH

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2816 Kentucky Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 2816 Kentucky Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1876
9. AGE (In years last birthday): 76 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police—Retired
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Aloyius Fritsch
14. MOTHER'S MAIDEN NAME: Margaret Benning
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-10-1616
17. INFORMANT: Mrs. Minnie Fitsch ADDRESS: 2816 Kentucky Ave.

MEDICAL CERTIFICATION

18. 592 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Nephritis, Hypertension

DUE TO

(C) Bronchial Asthma — Prostatitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 7, 1953 11:45 PM m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1952 *to* Jan 7, 1953, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 11:45 PM *from the causes and on the date stated above.*

23A. SIGNATURE: Dr Chas C Mommenges M. D.
23B. ADDRESS: 800 E North Ave
23C. DATE SIGNED: Jan 8, 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 10, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. Sander & Sons, Inc.
ADDRESS: Balto., Md. George S. Sander

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 620

BIRTH NO. 53 0199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0199

1. NAME OF DECEASED (Type or Print): Pearl J. Frisch

2. DATE OF DEATH: Jan 7. 1953.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph. Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 26-01
D. STREET ADDRESS (If rural, give location): 4211. Bayonne Ave

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: May 4. 1890
9. AGE (In years last birthday): 62
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: own. Home
11. BIRTHPLACE (State or foreign country): Balto City.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Moore
14. MOTHER'S MAIDEN NAME: Clotelda Jackson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: — —
17. INFORMANT: Mrs. W. T. Hofberr
ADDRESS: 4318 Wiltshire Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 hr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 6, 1950, *to* Jan 7, 1953, *that I last saw the deceased alive on* Jan 7, 1953 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Adam G. Lewis M. D.
23B. ADDRESS: 6232 Belair Rd
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: London Park Cem
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401. Belair Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460

53 0200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0200
Registered No.

1. NAME OF DECEASED (Type or Print): JAMES E. MILLER

2. DATE OF DEATH: January 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6005 Sycamore Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-12
D. STREET ADDRESS (If rural, give location): 6005 Sycamore Road

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 1, 1882
9. AGE (In years last birthday): 70 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Miller
14. MOTHER'S MAIDEN NAME: Ella Reedy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Amanda V. Miller — ADDRESS: 6005 Sycamore Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation c̄ Oedema — INTERVAL BETWEEN ONSET AND DEATH: 16 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio Vascular Renal Disease — 3 or 4 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypernephroma — 8 years

19A. DATE OF OPERATION: Sept 1950
19B. MAJOR FINDINGS OF OPERATION: Hypernephroma of Kidney
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1950, 19__, *to* 7 Jan, 1953, *that I last saw the deceased alive on* 7 Jan, 1953, *and that death occurred at* 800 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence L. Crown M.D.
23B. ADDRESS: 1938 Linden Ave
23C. DATE SIGNED: 9 Jan 53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS 150

4906J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. 000

53 0201

BIRTH NO. 53 0201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0201

1. NAME OF DECEASED (Type or Print): GEORGE HENRY MAYHEW

2. DATE OF DEATH: January 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital Wyman Pk. Drive & 31st Street
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-04
D. STREET ADDRESS (If rural, give location): 3045 Mathew Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/5/26
9. AGE (In years last birthday): 26 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Utility man
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Mayhew
14. MOTHER'S MAIDEN NAME: Virginia Norris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-28-1262
17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS:

MEDICAL CERTIFICATION

18. 5323

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Encephalopathy secondary to anoxia, secondary to cardiac arrest. — ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Infection of postpharyngeal space and floor of mouth secondary to tooth extraction on 12/31/52 — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 5 *19*53 *to* Jan. 8, *19*53, *that I last saw the deceased alive on* Jan. 8, *19*53, *and that death occurred at* 7:04A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J.A. Hunter, Clinical Director, M. D.
23B. ADDRESS: US PHS Hospital, Balto, Md.
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

790 55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Medical coding =

Dr McCauley, Dir.

BCHD - Dentist

P-400

53 0202

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0202

1. NAME OF DECEASED (Type or Print): POWELL, Wm L.

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQ. HOSPITAL
C. Length of stay in Baltimore: Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 7402 Windsor Mill Rd

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 10-26-1891
9. AGE (In years last birthday): 61 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Powell
14. MOTHER'S MAIDEN NAME: Isabell Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hosp. Chart — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SARCOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 MO.

DUE TO

ANTECEDENT CAUSES

(B) RETICULUM CELL SARCOMA

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8-2-1952
19B. MAJOR FINDINGS OF OPERATION: Retro-Peritoneal Sarcoma (Reticulum Cell
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1952 *to* 1-8, 1953, *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 12:42 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Franklin Sq. Hosp
23C. DATE SIGNED: 1-8-53

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: London Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

56424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-676

53 0203

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0203

1. NAME OF DECEASED (Type or Print): EDWIN R. GREGORY

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-04
D. STREET ADDRESS (If rural, give location): 339 S. Mount Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/19/ 1892
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire inspector
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Gregory
14. MOTHER'S MAIDEN NAME: Annabelle Bowling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-8451
17. INFORMANT: Hospital records
ADDRESS:

MEDICAL CERTIFICATION

18. E812.4 and 180X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia and fat embolism

DUE TO Compound comminuted fracture of right tibia and fibula

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Papillary carcinoma of left kidney

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Mount Royal and Maryland Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 21, 1952 m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 151 N823.0 53373

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Be correct age is especially important.

T-125

53 0204

53 0204

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): William H. Tilghman

2. DATE OF DEATH: January 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4428 Newport Avenue
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 4428 Newport Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 18, 1890
9. AGE (in years last birthday): 62 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Maker
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Tilghman
14. MOTHER'S MAIDEN NAME: Rachael Greenwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT: Mrs. Sarita H. Tilghman — ADDRESS: 4428 Newport Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cong. Heart Failure — 1 Day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis — 5 Wks

DUE TO

(C) Coronary A-Dis. — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *, 1952 to* Jan. 8 *, 1953 that I last saw the deceased alive on* 1/7 *, 1953 and that death occurred at* 5.45 A.m. *, from the causes and on the date stated above.*

23A. SIGNATURE: Edwin H. Glassman M. D.
23B. ADDRESS: 4037 Falls Rd
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 12, 1953
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road
Horace F. Burgee

VS 150

59291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-200

53 0205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0205

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MACK, Wm (William Mack)

2. DATE OF DEATH: Thur, Jan. 8, 1953 — 1-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSPITAL
C. Length of stay in Baltimore: Yrs. 36 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 25-04
D. STREET ADDRESS (If rural, give location): 3918 - 4th ST.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-13-1887
9. AGE (In years last birthday): 65
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Utility
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HENRY Mack
14. MOTHER'S MAIDEN NAME: ALDRIDGE, (Catherine Aldridge)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-05-4605A
17. INFORMANT: Mrs. Lottie M. Mack (wife) Hosp. Chart — ADDRESS: 3918-4th St Balto Md

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 540.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MASSIVE GASTRO-INTESTINAL Hemorrhage GENERALIZED PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

(B) GASTRIC ULCER, BLEEDING, PERFORATED

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3, 1953, *to* 1-8, 1953, *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 9⁴⁵ Am., *from the causes and on the date stated above.*

23A. SIGNATURE: J. E. Sudelson M. D.
23B. ADDRESS: Franklin St. Hosp
23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mon. Jan 12-1953
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington E. Williams, M.D.
25. FUNERAL DIRECTOR: Richard E. Evans
ADDRESS: 1400 S Charles St Balto 30 Md

VS 150

5745E 5-54-5E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-650

53 0206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0206

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rev. John S. Moran, O.P.

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH: A. Baltimore City, Maryland 6420 Reisterstown Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Seton Institute

c. Length of stay in Baltimore: 1 mo. - 24 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY: Camden
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camden
D. STREET ADDRESS (If rural, give location): 1500 Haddon Ave.

V-27

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July-3-1878
9. AGE (In years last birthday): 74 — If Under 1 Year: Months 7, Days 3; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Catholic Priest
10B. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): New Haven, Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: The Seton Institute
ADDRESS: 6420 Reisterstown, Balto. Md.

MEDICAL CERTIFICATION

18. 592x

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 h

DUE TO (B) Cerebral arteriosclerosis + Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) Chronic nephritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Psychosis with cerebral arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 14, 1952 *to* Jan. 8, 1953 *that I last saw the deceased alive on* Jan 7, 1953 *and that death occurred at* 8 45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter A. Takacs M. D.
23B. ADDRESS: 4212 Patterson Ave.
23C. DATE SIGNED: Jan 8. 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 9/52
24C. NAME OF CEMETERY OR CREMATORY: St Lawrence
24D. LOCATION (City, town, or county) (State): New Haven Conn.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave. City #1.

VS 150

0098W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-235

53 0207
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0207

1. NAME OF DECEASED (Type or Print): MARY ALICE SAXTON

2. DATE OF DEATH: Jan. 8. '53.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-14
D. STREET ADDRESS (If rural, give location): Kirkleigh Villa University Parkway

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: ~~Feb. 15, 1872~~
9. AGE (In years last birthday): ~~XXX~~ About 80 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dr. Alexander Saxton (D)
14. MOTHER'S MAIDEN NAME: Mary Rosalie White (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Alex J. White — ADDRESS: 725 Richwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic heart disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ~~Dec. 2. '52~~ to ~~Jan. 8. '53~~

420.0

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2. *1952, to* Jan. 8. *1953, that I last saw the deceased alive on* Jan. 8. *1953, and that death occurred at* 3:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Waverly S. Green Jr. M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: Jan. 8. '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: O. H. Ellard & Son
ADDRESS: 805 N. Calvert St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-455

53 0208

BIRTH NO. Non Res.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0208

Registered No.

1. NAME OF DECEASED (Type or Print): BABY BOY BALLMAN

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 5 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shipley Heights
D. STREET ADDRESS (If rural, give location): 206 Andover Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1-4-53
9. AGE (In years last birthday): If Under 1 Year: Months 0, Days 5; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Home
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Ballman Jr.
14. MOTHER'S MAIDEN NAME: Milla Weinberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father
ADDRESS:

MEDICAL CERTIFICATION

18. 539.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) Esophago-tracheal fistula — 5 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1-8-53
19B. MAJOR FINDINGS OF OPERATION: Tracheoesophageal fistula
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4-53, 19__, *to* 1-9-53, 19__, *that I last saw the deceased alive on* 1-9-53, 19__, *and that death occurred at* 2 am., *from the causes and on the date stated above.*

23A. SIGNATURE: Benj. A. Adelstein M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Ritchie Hwy

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John F. Denny, Inc.
ADDRESS: 715 Light St

VS 150

-30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-263

CERTIFICATE CORRECTED 1-13-53

53 0209

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0209

1. NAME OF DECEASED (Type or Print): CHARLES WALTER HASCHERT, SR.

2. DATE OF DEATH: Jan. 8. 1953.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore S-OS
D. STREET ADDRESS (If rural, give location): 2011 No Wolfe St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 9, 1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Dispatcher
10B. KIND OF BUSINESS OR INDUSTRY: Power Utility
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leonard P. Haschert (D)
14. MOTHER'S MAIDEN NAME: Mary Hackelton (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 212-05-4064
17. INFORMANT: Mrs. C. Walter Haschert
ADDRESS: 2011 N. Wolfe St.

MEDICAL CERTIFICATION

18. 446 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Jan. 2. 53 to Jan. 8. 53.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malignant hypertension

DUE TO

(C) Nephrosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial infarction

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan. 2. *, 19* 53 *to* Jan 8. *, 19* 53 *that I last saw the deceased alive on* Jan. 8 *, 19* 53 *, and that death occurred at* 2:35 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ray J. Beasley Jr. M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Jan. 8. 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickener & Sons
ADDRESS: Balto 17, Md.

VS 150

6725C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-540

53 0240

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0240

Registered No.

1. NAME OF DECEASED (Type or Print): ROBERT P. HAMILL

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 E. Randall St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-04
D. STREET ADDRESS (If rural, give location): 402 E. Randall St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 27, 1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10B. KIND OF BUSINESS OR INDUSTRY: Building Contracting
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Hamill
14. MOTHER'S MAIDEN NAME: Mary Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Edward Johanson
ADDRESS: 4805 Pennington Ave.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — 3 yr.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1951, *to* 1-7, 1953 *that I last saw the deceased alive on* 1-7, 1953, *and that death occurred at* 5 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Sollod M. D.
23B. ADDRESS: 707 Fortline
23C. DATE SIGNED: 1-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 150

29024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-320

53 0211

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0211

1. NAME OF DECEASED (Type or Print): CHARLES A. BUTTS

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3719 Manchester Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 3719 Manchester Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 8, 1892
9. AGE (In years last birthday): 61 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Sharpener
10B. KIND OF BUSINESS OR INDUSTRY: Wholesale Tool Distributor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Arthur U. Butts
14. MOTHER'S MAIDEN NAME: Mary E. Everhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Elsie M. Butts
ADDRESS: 3719 Manchester Ave.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R H Fuhrer M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. 17, Md.

50165

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460

53 0212

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0212

1. NAME OF DECEASED (Type or Print): ANNIE ELIZ. TAYLOR

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hood Nursing Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 525 Radnor Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 2, 1868
9. AGE (In years last birthday): 84
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edmond S. Culp
14. MOTHER'S MAIDEN NAME: Sallie Foy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Miriam T. Burke
ADDRESS: 525 Radnor Ave.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 3 da

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio Vasc. Dis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Chas. E. Carr Jr M. D.
23B. ADDRESS: 6007 York Rd
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Cecilton Cem.
24D. LOCATION (City, town, or county) (State): Cecilton, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-300

53 0213

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0213

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): William Thomas Boyd, Sr.

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident hosp.
C. Length of stay in Baltimore: 62 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-0
D. STREET ADDRESS (If rural, give location): 1313 W. Lafayette Ave.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 27, 1877
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10B. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Brighton Co. N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Toney Boyd
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Catherine Boyd — ADDRESS: 1313 W. Lafayette Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

443X and 260X

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) Diabetis Melitis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) A.H.C.V. — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 4, 1952, *to* Jan. 6, 1953, *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 6 A.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: George McDonald, M. D.
23B. ADDRESS: 844 N. Carey St. Balt. Md.
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 10, 1953
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Willis
25. FUNERAL DIRECTOR: George T. A. Gibson Sr.
ADDRESS: 1735 Druid Hill Ave.

VS 150

13-650

53 0214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0214

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTRAM BROWN

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen. Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1315 Broadview Boulevard, Woodlawn Heights

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: JAN. 14, 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: U.S. I Chem. Co.
11. BIRTHPLACE (State or foreign country): Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WALTER M. BROWN (M)
14. MOTHER'S MAIDEN NAME: SARAH E. Gilbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-01-9480
17. INFORMANT: NORMAN BROWN (Son) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R. H. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: B. R. Bingham (Jr)
ADDRESS:

VS 151

5234R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

J-525

53 0215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0215

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY JOHNSON

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 234 N. Mount Street

19-02

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/18/1900
9. AGE (In years last birthday): 50
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gabriel Johnson
14. MOTHER'S MAIDEN NAME: Martha Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Arthur Johnson
ADDRESS: 234 N. Mount St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery sclerosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson
ADDRESS: 1303 Presstman St.

Geo. G. Kelson

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 400

53 0216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0216

BIRTH NO. 53-00298

1. NAME OF DECEASED (Type or Print): BABY BOY HALL

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY: 601
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 156 N. ELLWOOD AVE.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Jan. 8, 1953
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 1 Hours: 3 If Under 24 Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John HALL
14. MOTHER'S MAIDEN NAME: Theresa Fiore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 754.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ECTOPIC HEART

DUE TO

ANTECEDENT CAUSES

(B) RESPIRATORY → CARDIAC FAILURE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1-9-53
19B. MAJOR FINDINGS OF OPERATION: Placing ectopic heart inside chest cavity
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 8 *, 1953, to* Jan. 9 *, 1953, that I last saw the deceased alive on* Jan. 9 *, 1953, and that death occurred at* 5:45 *a m., from the causes and on the date stated above.*

23A. SIGNATURE: Martina Tirong Cortez M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 1-9-53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Edward W. Franklin
ADDRESS: 5744 Belair Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BL 530
53 0217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0217

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARIA BONAIUTO
2. DATE OF DEATH: 1-7-1953
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 631 McCabe Ave
C. Length of stay in Baltimore: 39 yrs (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 631 McCabe Ave
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-17-1885
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Naples Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME: GATENO ZITO
14. MOTHER'S MAIDEN NAME: ANTOINETTE DI FALCO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. ANTHONY BONAIUTO — ADDRESS: 631 McCabe Ave

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Infraction
DUE TO
(B) Degenerative Cardiovascular Disease
DUE TO
(C) Ch Diabetes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2, 1953, *to* 1/7, 1953, *that I last saw the deceased alive on* 1/7, 1953, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ach Bonsteiu M. D.
23B. ADDRESS: 204 E. Biddle St
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: JAN 10 1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Edward F. Seif
ADDRESS: 5209 York Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-600

53 0218

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0218

1. NAME OF DECEASED (Type or Print): Walter Tarr

2. DATE OF DEATH: 1-8-'53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 40 years + (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1717 Glenwood Ave. #12

37 5300

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 10-12-1869?
9. AGE (In years last birthday): 84? If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Tarr
14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mercy Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

18. 442X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONset AND DEATH

(A) Probable Cardiac Arrhythmia — ?
DUE TO
(B) Arteriosclerotic - cardio vascular Renal disease — years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-6-52
19B. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hydertrophy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6-, 1952, *to* 1-8-, 1953, *that I last saw the deceased alive on* 1-7-, 1953, *and that death occurred at* 1:35 *pm., from the causes and on the date stated above.*

23A. SIGNATURE: C. D. Thomas Jr. M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 1-8-'53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county): Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. B. M. Walters
ADDRESS: Oram & Stricker Sts

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-365

53 0219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0219

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Pietro Citrano

2. DATE OF DEATH: 1/8/1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Yes
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 711 S. Linwood Ave, Balto-Md.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 4/12/1879
9. AGE (in years last birthday): 73 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FRUIT SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Citrano
14. MOTHER'S MAIDEN NAME: Constance Citrano
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-1990
17. INFORMANT: Hospital Record — ADDRESS

MEDICAL CERTIFICATION

18. 156.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of Liver — 2 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease — 10 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29-30 *,* 1952 *, to* 1-8 *,* 1953 *that I last saw the deceased alive on* 1-8 *,* 1953 *and that death occurred at* 2:30 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: H. B. Perry Jr. M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN-11-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Donald Bellar Inc.
ADDRESS: 322 S. High St.

VS 150

4906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J53 520 0220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0220

BIRTH NO. 51-26857

1. NAME OF DECEASED (Type or Print): LORETHA JONES

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 214 Myrtle Avenue
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 4-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 214 Myrtle Avenue

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: 11/17/1951
9. AGE (In years last birthday): 1 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LEON JONES
14. MOTHER'S MAIDEN NAME: ISABELL WALKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): N
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ISABELLA JONES(M) ADDRESS: 216 MYRTLEAV.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

490X

(A) Pneumonia, bilateral

DUE TO

ANTECEDENT CAUSES

(B) Otitis media, bilateral

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/10/53 L?L)
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): A.A.COUNTY, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: CHARLES G. COOPER*
ADDRESS: 512 Carroll

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-536
53 0221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0221

BIRTH NO. 52-31219

1. NAME OF DECEASED (Type or Print): Ronald Edward Saunders

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 11 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2014 N. Bentalou St.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 12/28/52
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 11; If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Edward Saunders
14. MOTHER'S MAIDEN NAME: Delia Vaughn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother
ADDRESS: Same

MEDICAL CERTIFICATION

18. 774X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Premature Birth

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute gastro-enteritis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1952, to 1/8, 1953, that I last saw the deceased alive on 1/8, 1953, and that death occurred at 8:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE: Ralph W. Rechlin M. D.
23B. ADDRESS: 426 N. Gilmor St
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. C. County Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles H. Corpe
ADDRESS: 512 Cancelar Av

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-452

53 0222

CERTIFICATE CORRECTED 1-21-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0222

BIRTH NO.

1. NAME OF DECEASED (Type or Print): (HOVARD) Hobart BOLLINGER

2. DATE OF DEATH: January 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Havre de Grace
D. STREET ADDRESS (If rural, give location): 520 N. Stokes Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: Aug. 27, 1899
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cannery Worker
10B. KIND OF BUSINESS OR INDUSTRY: Canning Factory
11. BIRTHPLACE (State or foreign country): Orbisonia, Penna.
12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: Bayton Bollinger
14. MOTHER'S MAIDEN NAME: Elizabeth Watters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 312-10-9321
17. INFORMANT: Raymond Bollinger
ADDRESS: Mt. Union, Penna.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchiectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Lung abscess

(C) Confluent bronchopneumonia of left lung

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/9/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Orbisonia, Penna.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Willis, M.D.
23. FUNERAL DIRECTOR: John F. Stanbury
ADDRESS: 2700 Edmondson Ave

VS 151

69047

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-410
53 0223

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0223

1. NAME OF DECEASED (Type or Print): Mildred M. Wolfe

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1749 Montpelier St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1749 Montpelier St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-15-1904
9. AGE (In years last birthday): 48
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pennsville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm S. Burns
14. MOTHER'S MAIDEN NAME: Catherine Spink

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John W. Wolfe
ADDRESS: 1749 Montpelier St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Chronic Nephritis
DUE TO
(C) Carcinoma of Uterus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan. 1952
19B. MAJOR FINDINGS OF OPERATION: Fibrosis of bladder due to radiation
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Jan, 1953, *that I last saw the deceased alive on* Jan. 7, 1953, *and that death occurred at* 11:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Roy M. Zimmerman M. D.
23B. ADDRESS: 2858 Ford Rd
23C. DATE SIGNED: Jan. 8 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Bund
24B. DATE: 1-11-53
24C. NAME OF CEMETERY OR CREMATORY: Angel Hill
24D. LOCATION (City, town, or county) (State): Hanover Pa

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Kohn
ADDRESS: 5305 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

the government
2 - 5
21 [illegible]

S-430
53 0224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0224

BIRTH NO. 53-00645

1. NAME OF DECEASED (Type or Print): Slide, Baby Girl

2. DATE OF DEATH: 1/1/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto., Md. 27-03
D. STREET ADDRESS (If rural, give location): 4914 Holder Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: 1-8-53
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 19 Min.: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10B. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Herbert A. Slide
14. MOTHER'S MAIDEN NAME: Ruth G. George
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mother ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Respiratory failure
DUE TO
(B) ?
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8, 1953 to 1/8, 1953, that I last saw the deceased alive on 1/8, 1953, and that death occurred at 6:25 m., from the causes and on the date stated above.

23A. SIGNATURE: George C. Alderman M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 - 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Kuck
ADDRESS: 5305 Harford Rd. Balto. 14, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Place correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-526
53 0225

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0225

1. NAME OF DECEASED (Type or Print) Louis A. Singer

2. DATE OF DEATH 1.7.53

3. PLACE OF DEATH: A. Baltimore City, Maryland 1802 Eutaw St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Heil Nursing Home 1802-Eutaw Place

C. Length of stay in Baltimore 65 year (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE [redacted] B. COUNTY - Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44
D. STREET ADDRESS (If rural, give location) 3614 - White Ave

5. SEX Male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Dec. 15, 1864
9. AGE (In years last birthday) 88 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY Home Making
11. BIRTHPLACE (State or foreign country) Engl. Fieger Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Heim
14. MOTHER'S MAIDEN NAME Anna Heim (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No

17. INFORMANT Elizabeth Singer
ADDRESS Emerson Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Cardiovascular Disease ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 19~~53~~, *to* 1.7, 19~~53~~, *that I last saw the deceased alive on* 1-5, 19~~53~~, *and that death occurred at* 1130 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Thos R Johnson M. D.
23B. ADDRESS 403 Med Arts
23C. DATE SIGNED 1.7.53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1/10/53
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1953
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Earl B. Sherton Funeral Home, Inc.
ADDRESS 403-E-25th St, Baltimore 18, Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

X

P 620
53 0226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 53 0226

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supp The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Roselawn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Cardiff
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

62-00

420.1

3 (a) **FULL NAME** Cadwaladr Price

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-6665

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Elizabeth Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1871

8. AGE: Years 81 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace North Wales (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Industry

FATHER
12. Name Ellis Price
13. Birthplace Wales

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace Wales

16 (a) Informant Mrs Catherine Smith
(b) Address 2829 Roselawn Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-12-53 (month) (day) (year)
(c) Cemetery or crematory SLATE RIDGE
Location YORK CO., PA.

18 (a) Funeral director John H. Hankins
(b) Address Delta, Penna.

19 (a) JAN 10 1953 (Date rec'd by Registrar) (b) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1953, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20, 1952, to Jan 9, 1953, and that I last saw him alive on Jan. 7 1953.

Immediate cause of death: Acute pulmonary edema — Duration: 1 hour
Due to: Chr. coronary arterio-sclerosis
Due to:
Other Conditions: Broncho-pneumonia — 10 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Donald Jandas M. D.
Address 6077 Harford Rd Date signed 1-9-53

VS 150

50199

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline **that particular ONE** cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

G 656 GARNER

53 0237

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0227

Registered No.

1. NAME OF DECEASED (Type or Print): Bessie Garner

2. DATE OF DEATH: 1/4/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lenin. Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md.
D. STREET ADDRESS (If rural, give location): 523 N. Carey St.

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 57 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Housework.
11. BIRTHPLACE (State or foreign country): A.L. Co Mel
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown.
14. MOTHER'S MAIDEN NAME: Annie ?.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Wright — ADDRESS: 631 Cherry Hill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema, congestion of liver, lungs, kidneys, spleen, shock. — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic congestive heart failure — 2 wks.

DUE TO

(C) Luetic aortitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4/53, 19__, to 1/4/53, 19__, that I last saw the deceased alive on 1/4/53, 19__, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Mike B. Bonnelesson M. D.
23B. ADDRESS: Lenin. Hospital
23C. DATE SIGNED: 1/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Hillsman, M.D.
25. FUNERAL DIRECTOR: W. B. Gregg
ADDRESS: 13 W. Hamburg St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y 320
53 0228

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0228

1. NAME OF DECEASED (Type or Print): Carl Yeatts

2. DATE OF DEATH: 1/9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Md.
46
C. Length of stay in Baltimore: Visiting (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N. Carolina
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greensboro
V-30
D. STREET ADDRESS (If rural, give location): 2612 Battleground Rd

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 7/29/1927
9. AGE (In years last birthday): 25
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Automobiles
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Bentley E Yeatts (N)
14. MOTHER'S MAIDEN NAME: Victoria Mongomery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 238-34-4591
17. INFORMANT: Talmage Caravan
ADDRESS: 801 Union Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diffuse peritonitis
DUE TO
(B) Ruptured appendix
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

550.1

19A. DATE OF OPERATION: 12/28/1952
19B. MAJOR FINDINGS OF OPERATION: Ruptured acute appendix, localized peritonitis
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 28, 1952, *to* Jan. 9, 1953, *that I last saw the deceased alive on* Jan. 9, 1953, *and that death occurred at* 12 10 m., *from the causes and on the date stated above.*

23A. SIGNATURE: August Sorsaar M. D.
23B. ADDRESS: Lutheran Hosp. of Md.
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Greensboro N.C.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, Jr.
25. FUNERAL DIRECTOR: Shank & Seitz
ADDRESS: 814 W 36th St.

VS 150

4906J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Fish & Wildlife Service, Home
Director (Mrs. Mary Gentry)

H 520
53 0229

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0229

1. NAME OF DECEASED (Type or Print): Christina W. Heinz

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Beech Hill Nursing Home
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beech Hill Nursing Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 1908 Kennedy Ave.

9-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	White	Single	10-21-84	70	2	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Phillip P. Heinz
14. MOTHER'S MAIDEN NAME: Christina Herrmann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-34-2993
17. INFORMANT: Mrs Thelma Herrmann
ADDRESS: 3303 White Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 444 X and 260 X

(A) Arterial Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — Unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-13-, 1952 *to* 1-8-, 1953 *that I last saw the deceased alive on* 1-6-, 1953 *and that death occurred at* 6:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. W. Reuke M. D.
23B. ADDRESS: 4508 Harford Road
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: H. W. Zimmerman
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Rd Balto 14, Md.

VS 150

058 8T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Peak
4508 Harford Rd.

M-600

53 0230

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0230

1. NAME OF DECEASED (Type or Print): Rachel Moore

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5259 Cordelia Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5259 Cordelia Avenue
c. Length of stay in Baltimore: Yrs. Mos. Dsys — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 5259 Cordelia Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5, 1879
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis F. Eckstine
14. MOTHER'S MAIDEN NAME: Josephine Wilkerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Ralph M. Moore
ADDRESS: 5259 Cordelia Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

(B) Arterio Sclerotic Heart Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Generalized Arterio-Sclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Arterio-Thrombosis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943 *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 12 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerling C. Bluck M. D.
23B. ADDRESS: 535 Registration
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 10, 1953
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Springer Byers
ADDRESS: 5005 Reisterstown Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-625
53 0231

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0231

1. NAME OF DECEASED (Type or Print): Edward F. Brosnahan

2. DATE OF DEATH: January 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4303 Springdale Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28 02
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4303 Springdale Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1874
9. AGE (In years last birthday): 78 yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Builder
10B. KIND OF BUSINESS OR INDUSTRY: Self - Builder
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Brosnahan
14. MOTHER'S MAIDEN NAME: Miss Rieman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-09-7475
17. INFORMANT: Mrs. E. F. Brosnahan, ADDRESS: 4303 Springdale Ave.

MEDICAL CERTIFICATION

18. 33 X and 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis with hypertension — 3 years +

DUE TO

(C) Cerebral thrombosis — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertrophy of prostate - Suspected malignancy — 2 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 19, 1950, *to* Jan. 7, 1953, *that I last saw the deceased alive on* Dec. 27, 1952, *and that death occurred at* 7.45 Pm., *from the causes and on the date stated above.*

23A. SIGNATURE: Maurice E. Shamoon M. D.
23B. ADDRESS: 3300 W. North Ave.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 10, 1953
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington T. Wilson M.D.
25. FUNERAL DIRECTOR: Phillis Hanotean
ADDRESS: 4510 Liberty Heights Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

G-610

53 0232

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0232

1. NAME OF DECEASED (Type or Print): MARIE L. GRUBB

2. DATE OF DEATH: January 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Melchor Nursing Home 2327 N. Charles Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1528 Kingsway Road

27-09

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 6, 1880
9. AGE (In years last birthday): 72 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Scott
14. MOTHER'S MAIDEN NAME: Marie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John A. Grubb, ADDRESS: 607 East 34th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Cardio-Vascular.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertensive Disease — 6 yrs

443X

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 1/9, 19~~52~~ 53, *that I last saw the deceased alive on* 1/8, 1952 *and that death occurred at* 5a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Norman L. Todd M. D.
23B. ADDRESS: 2108 St Paul St
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 1/11/53
24C. NAME OF CEMETERY OR CREMATORY: Berkley Springs
24D. LOCATION (City, town, or county) (State): Berkley Springs, West Virginia

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-635

53 0233

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0233

1. NAME OF DECEASED (Type or Print): John Courtney

2. DATE OF DEATH: 1/9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Preston and Guilford Street, Bal 02

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Dec 6-1900
9. AGE (In years last birthday): 52
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Business - RET.
10B. KIND OF BUSINESS OR INDUSTRY: USED CAR
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Page Courtney
14. MOTHER'S MAIDEN NAME: Lucille Hull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Marion Courtney
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ca. of pancreas
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: at least 5 months.

19A. DATE OF OPERATION: 12/16/52
19B. MAJOR FINDINGS OF OPERATION: Ca of pancreas inoperable
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1952 *to* 1/9, 1953, *that I last saw the deceased alive on* 1/9, 1953, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lerchiago Lombardo M. D.
23B. ADDRESS: The Union Memorial Hospital
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: London Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cox & Inc.
ADDRESS: 1217 St. Paul St.

VS 150

2906J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-560
53 0234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0234

BIRTH NO. 165772 A h

1. NAME OF DECEASED (Type or Print): Mary R. Bayner ?

2. DATE OF DEATH: 1.9.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 46 E. Barney St.

23-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May. 2.1876
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C.H. Records — ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

493 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12.11.52, 19__, *to* 1.9.53, 19__, *that I last saw the deceased alive on* 1.9.53, 19__, *and that death occurred at* 8.45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Johnson Mock M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 1.9.53

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 1.13.53
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: J. L. McCurdy
ADDRESS: 130 E. Fort Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 654
53 0235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0235

BIRTH NO. 52-20131

1. NAME OF DECEASED (Type or Print): CATHERINE ANN CORNELL

2. DATE OF DEATH: I/9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2908 Orleans St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2908 Orleans Street

6-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 8/12/52
9. AGE (In years last birthday): If Under 1 Year: Months 5 Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick A
14. MOTHER'S MAIDEN NAME: Thelma H. Wingate
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 754.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mongolian Idiot — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

DUE TO

ANTECEDENT CAUSES

(B) Congenital Enlarged heart — 5 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* Jan 9th, 1953, *that I last saw the deceased alive on* Jan 4, 1953, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: David H. Andrew M. D.
23B. ADDRESS: 33 Glendale Ave Glendale Md
23C. DATE SIGNED: Jan 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: I/10/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington [illegible]
25. FUNERAL DIRECTOR: James L. McCully
ADDRESS: 130 E. Fort Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-350
M536244 0236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0236
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BLANCHE GUYTON (MARKLEY)

2. DATE OF DEATH: I/7/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland I6I8 S. Charles St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): I6I8 S. Charles Street

23-07

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: I2/25/72
9. AGE (In years last birthday): 80 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of wnrk dnne during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Guyton
14. MOTHER'S MAIDEN NAME: Mary Gosman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknnwn): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) arteriosclerosis
DUE TO
(C) Hypertension

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *, 195*2*, to* Jan 6 *, 195*3*, that I last saw the deceased alive on* Jan 6 *, 195*3*, and that death occurred at* 5:30 p.m. *, from the causes and on the date stated above.*

23A. SIGNATURE: Harry Jones Smith M. D.
23B. ADDRESS: 1 E Randall St
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: I/I0/53
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCully
ADDRESS: I30 E. Fort Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

S-530
53 0237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0237

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KATIE SCHMIDT

2. DATE OF DEATH: I/9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home
C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-01
D. STREET ADDRESS (If rural, give location): I04 West Ostend Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 4/I4/73
9. AGE (In years last birthday): 79 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Martin
14. MOTHER'S MAIDEN NAME: Rosalee Farley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Arterio-sclerosis — years
DUE TO with thrombosis
(B) General Art. Sclerosis — years
DUE TO Senility
(C) — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct, 19[illegible], to Jan 8, 19 53 that I last saw the deceased alive on Jan, 19 53, and that death occurred at 5 a m., from the causes and on the date stated above.

23A. SIGNATURE: Robert Pratt M. D.
23B. ADDRESS: 712 Park Ave
23C. DATE SIGNED: Jan 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: I/I2/53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington [illegible]
25. FUNERAL DIRECTOR: James L. McCully
ADDRESS: I30 East Fort Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct ages is especially important. Physicians: please write the causes of death clearly and legibly.

W 420
53 0238

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0238

1. NAME OF DECEASED (Type or Print): MARGARET K. WELSH

2. DATE OF DEATH: JAN. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twilight Rest & Nursing Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25 04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3532- 4th St., Brooklyn

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9-27-1879
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles D. Pickett
14. MOTHER'S MAIDEN NAME: Annie E. Pickett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: C.Earl Welsh, ADDRESS: 3532-4th. St.Balto. 25

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

(B) Cardio Vascular Disease

DUE TO

(C) Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1953, *to* Jan 7, 1953, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 11:40 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Glassman M. D.
23B. ADDRESS: 753 W. Lafayette St
23C. DATE SIGNED: Jan 10-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-12-1953
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Morgan Chapel
24D. LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620

Dr. Francis W. Gluck

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0239

BIRTH NO. 53 0239

1. NAME OF DECEASED (Type or Print): Jane Ethel Thompson Brooke

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyman Park Apartments
C. Length of stay in Baltimore: 70 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Wyman Park Apartments

13-07

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 4 - 20 - 78
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert H. Thompson
14. MOTHER'S MAIDEN NAME: Helen Bone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Helen L. Thompson — ADDRESS: Wyman Park Apartments

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO

ANTECEDENT CAUSES

(B) Hypertension — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis & cerebral Arteriosclerosis — 2 yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19, 1943, *to* 1/8/53, 19__, *that I last saw the deceased alive on* 1/5/53, 19__, *and that death occurred at* 11:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis W. Gluck M. D.
23B. ADDRESS: 100 W. University Parkway
23C. DATE SIGNED: 1 - 9 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1 - 10 - 53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Hughes Williams
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place
O M B Mitchell

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE FOR ONLY, WITH UNFADING INK. Every item of information should be correctly supplied. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

S-636

53 0240

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0240

1. NAME OF DECEASED (Type or Print): BERTHA SCHROETER

2. DATE OF DEATH: January 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 9-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1501 Gorsuch Ave

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Sept 5th 1896
9. AGE (In years last birthday): 56
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Mathais
14. MOTHER'S MAIDEN NAME: Anna Wansals

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: G. Schroeter
ADDRESS: 1501 Gorsuch Ave

MEDICAL CERTIFICATION

18. E840X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

~~XXXXX~~ Contusion of brain

ANTECEDENT CAUSES

(B) Subdural hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

~~XXXXX~~

(C) Crushed chest

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Harford Road and Abbottston Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 8, 1953 7:35 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by streetcar 9-7

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Norris M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 12th 1953
24C. NAME OF CEMETERY OR CREMATORY: Morelands
24D. LOCATION (City, town, or county) (State): Taylor Ave

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: L. S. Sidwell
ADDRESS: 1701-03 N. Patt. Pk. Ave

VS 151

N-804.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

H-400
53 0241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0241

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SUSIE M. HALL

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3421 University Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3421 University Place

12 07

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 28, 1867
9. AGE (In years last birthday): 85 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin Steuart
14. MOTHER'S MAIDEN NAME: Elizabeth Quick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Irving P. Hall — ADDRESS: 4214 Loch Raven Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331/X

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis — 5 yrs.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

① Arteriosclerotic Heart Dis — 4 yrs.
② Secondary Anemia — 1 yr.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1951, *to* Dec. 8, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: George Dunegan M. D.
23B. ADDRESS: 4808 Harford Rd.
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tilmer & Sons
ADDRESS: Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 525

53 0242

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0242

1. NAME OF DECEASED (Type or Print): MARIE CHRISTINA BENSON

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3329 Edmondson Ave.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3329 Edmondson Ave.

20-07

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 6, 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick J. Hammond
14. MOTHER'S MAIDEN NAME: Augusta E. Lange

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Nelson Hammond — ADDRESS: 3329 Edmondson Ave.

MEDICAL CERTIFICATION

18. 151 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach — 6 mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Myocarditis — 10 Years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1952, *to* Jan 7, 1953, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. A. Lally M. D.
23B. ADDRESS: 3517 Edmondson Avenue
23C. DATE SIGNED: Jan 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/10/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickers & Sons
ADDRESS: Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. 430

53 0243
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0243

1. NAME OF DECEASED (Type or Print): SADIE PLITT

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2401 Calverton Hgts. Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2401 Calverton Hgts. Ave.

16 05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	married	Aug. 7, 1886	66				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Andrew Kennert
14. MOTHER'S MAIDEN NAME: Marie Schaffert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. William J. Plitt
ADDRESS: 2401 Calverton Hgts Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0 and 260.X

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart Disease — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetes Mellitus — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Blindness — 1 year

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1947 *to* Jan 8, 1953 *that I last saw the deceased alive on* Jan 8, 1953 *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Mendelis M. D.
23B. ADDRESS: 651 N Bentalou
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: First United Evangel. Ch.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tichner & Sons
ADDRESS: Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-13-53

H-400

53 0244
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0244

1. NAME OF DECEASED (Type or Print): EMIL E. HEIL, Sr.

2. DATE OF DEATH: JAN 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
C. Length of stay in Baltimore: Yrs. 44 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 4
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1001 McAleer Ct.
10-0

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 29, 1881
9. AGE (In years last birthday): 71
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10B. KIND OF BUSINESS OR INDUSTRY: ??
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Heil
14. MOTHER'S MAIDEN NAME: Catherine Roeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. E. H. Heil, Jr. ADDRESS: 2904 Elgin Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA LUNG, LEFT
DUE TO
(B) METASTASES TO LIVER
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE RT. HIP POST-OPERATIVE

16 2X and E 903.0

CERTIFICATION APPROVED BY
William Gaertner M. D.
~~CHIEF~~ OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: Nov 8 1952
19B. MAJOR FINDINGS OF OPERATION: INTERTROCHATERIC FRACTURE, RIGHT HIP
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1001 McAleer Court
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 6, 1952 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped + fell to floor

22. *I hereby certify that I attended the deceased from* NOV 7, 1952, *to* JAN 9, 1953, *that I last saw the deceased alive on* JAN 9, 1953, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J D Hubbard M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Jan 9 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Oliver J. Tickner & Sons
ADDRESS: Balto. 17, Md.

VS 150

N-820.0 34299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Place correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L 31 62 0245

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0245

BIRTH NO. 163 260 AJH

1. NAME OF DECEASED (Type or Print): Donald La Barger

2. DATE OF DEATH: 1.9.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2100 H erbert St.

15-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26. 1909
9. AGE (In years last birthday): 43 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer
10B. KIND OF BUSINESS OR INDUSTRY: Roofing
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph La Barger
14. MOTHER'S MAIDEN NAME: Mary Carson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C.H. Records — ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Larynx — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Necrotizing Bronchopneumonia

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9. 18. 1952, *to* 1.9, 1953, *that I last saw the deceased alive on* 1.9.53, 19__, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 1.9.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickner & Sons — ADDRESS: Balto. 17, Md.

58124

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C-420

CERTIFICATE CORRECTED 1/19/53 ES

53 0246

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0246

Registered No.

1. NAME OF DECEASED (Type or Print): BESSIE CLAS

2. DATE OF DEATH: JAN. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOSPITAL FOR THE WOMEN OF MARYLAND
C. Length of stay in Baltimore: Yrs. 47 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 7003 Windsor Mill ROAD

53-00

5. SEX: F
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 6, 1883
9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JAMES STEWART
14. MOTHER'S MAIDEN NAME: MARY PIERPONT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. E. Robert Clas — ADDRESS: 7003 Windsor Mill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

170 X

(A) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: one year

DUE TO

ANTECEDENT CAUSES

(B) Diffuse Carcinomatosis — many years.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Right breast metastatic to lungs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1952, to Jan. 9, 1953 that I last saw the deceased alive on Jan. 9, 1953, and that death occurred at 2:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Pascal M. D.
23B. ADDRESS: Woman's Hospital
23C. DATE SIGNED: Jan 9 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Lickner & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

L 625
53 0247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0247

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LARKINS CHARLES E.

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSP

C. Length of stay in Baltimore: 36 Yrs. 6 Mos. 14 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D. STREET ADDRESS (If rural, give location): 450 E. Cross St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-16-1891
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenace man
10B. KIND OF BUSINESS OR INDUSTRY: B.&O. Railroad
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: FRANK Larkins
14. MOTHER'S MAIDEN NAME: REESE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hosp. CHART
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia, Middle + Lower, Rt Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

DUE TO

ANTECEDENT CAUSES

(B) Bronchogenic Carcinoma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. GEN. ARTERIOSCLEROSIS

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1952, *to* 1-8, 1953, *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 3:15 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Franklin Sq. Hosp
23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 12, 1953
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Highway Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME
ADDRESS: 1216 S. Charles St.

VS 150

690 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 252

53 0248

53 0248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. JH 165470

1. NAME OF DECEASED (Type or Print): Elvira Meekins

2. DATE OF DEATH: 1.7.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
c. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 905 Shuter St.

7-04

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 29, 1902
9. AGE (In years last birthday): 50 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Raulins
14. MOTHER'S MAIDEN NAME: Ella Westley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

260X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis Of Liver — Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus — Years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1-52, 19__, *to* 1-7-53, 19__, *that I last saw the deceased alive on* 1-7-53, 19__, *and that death occurred at* 10:50 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Yolen Rec. M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/11/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Mrs Katie R. Williams Schroder
ADDRESS: 322 N.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 430

53 0249 Non Res.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0249

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTHA FLOOD

2. DATE OF DEATH: January 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: North Carolina
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leland
D. STREET ADDRESS (If rural, give location): 604 W Conway St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 1 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Reming
14. MOTHER'S MAIDEN NAME: ~~Mrs~~ Lillie Flood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ~~Jos~~ Eliyah Flood — ADDRESS: 604 W Conway

MEDICAL CERTIFICATION

18. E 873.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Depressed skull fracture

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Highway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Brooklyn Park Ritchie Highway at Fourth Ave. & 5200
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 5, 1953 6:00 A.m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Passenger in auto which struck pole

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Wood M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemt
24D. LOCATION (City, town, or county) (State): A.A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Sarah L Brown Son — ADDRESS: 1080 W Montgomery St

VS 151

N-803.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-355

53 0250

WHITMAN

X 53 0250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edgar Whitman

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: P.G.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laurel
D. STREET ADDRESS (If rural, give location): Thomas Drive

38 66-37

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 9-1893
9. AGE (In years last birthday): 79 yrs. | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman U.S. Printing Office
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kettle Creek, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H Whitman
14. MOTHER'S MAIDEN NAME: Anne Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edgar W. Whitman ADDRESS: Laurel Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 570.x and 177.x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mesenteric Thrombosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Prostate

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953, *to* 1-10, 1953, *that I last saw the deceased alive on* 1-10, 1953, *and that death occurred at* 11:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: E Ramirez M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 1-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 12-1953
24C. NAME OF CEMETERY OR CREMATORY: Rest Lincoln Cemty.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: H. Lington Williams M.D.
25. FUNERAL DIRECTOR: Kenneth Kenneddy
ADDRESS: Laurel, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-146

53 0251

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0251

1. NAME OF DECEASED (Type or Print): WILLIAM CHEVALLIER

2. DATE OF DEATH: January 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-43
D. STREET ADDRESS (If rural, give location): 2405 Washington Boulevard

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 26-1896
9. AGE (In years last birthday): 55
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Theatre
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Chevallier
14. MOTHER'S MAIDEN NAME: Mary Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): I
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. John Fitz ADDRESS: 3203 Sturkland

MEDICAL CERTIFICATION

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 12-1953
24C. NAME OF CEMETERY OR CREMATORY: U.S. National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: George B. Schwartz
ADDRESS: 2101 Frederick

VS 151

9708K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

M-200
53 0252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0252
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLYDE Franklin McGHEE

2. DATE OF DEATH: January 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 2036 Park Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 13. 1918
9. AGE (In years last birthday): 34
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising Dept.
10B. KIND OF BUSINESS OR INDUSTRY: American Telephone + Telegraph Co.
11. BIRTHPLACE (State or foreign country): Durham. N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Kelly McGhee
14. MOTHER'S MAIDEN NAME: Alvarado Page

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Hall-Wynne and Co Inc
ADDRESS: Durham. N.C.

MEDICAL CERTIFICATION

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Skull fracture

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Fracture dislocation of first cervical vertebra
(C) Transection of spinal cord

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4400 block of York Road 27/11
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 10, 1953 2:00 A.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan. 11. 1953
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Maplewood
24D. LOCATION (City, town, or county) (State): Durham, N.C.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Wm J. Tickner + Sons.
ADDRESS: North + Pa. Aves. - Balto. 17, Md.

VS 151

N-806.2 290 54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 200

53 0253

53 0253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VINCENT L. MASS

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1714 Northbourne Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-09
D. STREET ADDRESS (If rural, give location): 1714 Northbourne Rd.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 4, 1865
9. AGE (In years last birthday): 88 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed
10B. KIND OF BUSINESS OR INDUSTRY: Paperhanger & Painter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: - Mass
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Wallace Petersen — ADDRESS: 1714 Northbourne Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis generalized. — ?

DUE TO arteriosclerotic heart disease

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 1953, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert Mezger M. D.
23B. ADDRESS: 5716 Beechdale Ave
23C. DATE SIGNED: Jan 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Hughes Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickner & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-622
53 0254

53 0254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53-00357

1. NAME OF DECEASED (Type or Print): BABY BOY CHRISIKOS

2. DATE OF DEATH: Jan. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL
C. Length of stay in Baltimore: 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 23-02
D. STREET ADDRESS (If rural, give location): 37 E. Henrietta St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Jan. 8, 1953
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 37 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Constantine Chrisikos
14. MOTHER'S MAIDEN NAME: Helen Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sacral Hemorrhage — 360.0

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1953, to Jan 9, 1953, that I last saw the deceased alive on Jan 9, 1953, and that death occurred at 11 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Martina Tirona-Ortega M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 1-10-53
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Thos. J. Fitzpatrick
ADDRESS: 440 E. North Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages is especially important. Physicians: please write the causes of death clearly and legibly.

S-362

53 0255

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0255

1. NAME OF DECEASED (Type or Print): Mrs. Stella Soterakos

2. DATE OF DEATH: 1/10/1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Yes
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: 34 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-06
D. STREET ADDRESS (If rural, give location): 2923 Arunah Ave, Balto-16-Md.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1887 [redacted]
9. AGE (In years last birthday): 65 [redacted]
If Under 1 Year: Months 7 Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Kollins
14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Son ADDRESS: 2923 Arunah Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteio Sclerotic — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO Cardio Vascular Renal Disease -
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1952 to Jan 10, 1953, that I last saw the deceased alive on Jan 10, 1953, and that death occurred at 3 pm., from the causes and on the date stated above.

23A. SIGNATURE: John E Carroll Jr M. D.
23B. ADDRESS: Bon Secours
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-13-53
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Kaplan Bros Funeral Home Inc
ADDRESS: 440 E. North Ave -

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

F 616
53 0256

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0256

1. NAME OF DECEASED (Type or Print): Alexander Farber

2. DATE OF DEATH: Jan 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp, Inc.
C. Length of stay in Baltimore: 34 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): 3014 Barclay St #18

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1873
9. AGE (In years last birthday): 80? | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morris Farber
14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George Farber — ADDRESS: 4400 Carleview Rd

MEDICAL CERTIFICATION

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral Vascular Accident

DUE TO

(B) Hypertensive Cardiovascular disease

DUE TO

(C) Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 10, 1953, *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* 2:00 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Leon L Chase M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/11/53
24C. NAME OF CEMETERY OR CREMATORY: Beth Tefiloh
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros — ADDRESS: 1124-26 W. North Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

M 612
53 0257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0257
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rose Mirvis

2. DATE OF DEATH: 1/9/1953.

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

C. Length of stay in Baltimore: 12 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-04
D. STREET ADDRESS (If rural, give location): 3512 Woodbrook Avenue

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1878
9. AGE (In years last birthday): 75 — If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Rubenstein
14. MOTHER'S MAIDEN NAME: Hannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dorothy Weiss — ADDRESS: 175 Upland Terrace, Bala, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

420.11

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary insufficiency

DUE TO

(B) Myocardial demage

DUE TO

(C) A. S. C. V. D.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 2, 1953, *to* January 9, 1953 *that I last saw the deceased alive on* 1/9, 1953, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Morris Goldberg, M. D.
23B. ADDRESS: Sinai Hospital. Balto. Md.
23C. DATE SIGNED: 1. 9. 53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Montefiore Cemetery
24D. LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: H. E. Lutz
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1124-26 W. North Avenue

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S-600

53 0258

53 0258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Freda Leona Scherr

2. DATE OF DEATH: January 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4018 Brantley Road
C. Length of stay in Baltimore: 45 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3413 Dolfield Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1903
9. AGE (In years last birthday): 49 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joel London
14. MOTHER'S MAIDEN NAME: Rachel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: David Scherr — ADDRESS: 3413 Dolfield Ave

MEDICAL CERTIFICATION

18. 292.2

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver — 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acquired Hemolytic Anemia — 2 1/2 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Sept. 1950
19B. MAJOR FINDINGS OF OPERATION: Splenectomy.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18, 1945 *to* 1-9, 1953, *that I last saw the deceased alive on* 1-9, 1953, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Irvin Sauber M. D.
23B. ADDRESS: 3003 Garrison Blvd
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 1/11/53
24C. NAME OF CEMETERY OR CREMATORY: Tifereth Israel
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Hastings E. Williams
25. FUNERAL DIRECTOR: Sol Lemmon & Bros. — ADDRESS: 1124-26 W. North Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

M-460
53 0259

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0259

1. NAME OF DECEASED (Type or Print): JACOB Miller

2. DATE OF DEATH: Jan 10 '53

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

C. Length of stay in Baltimore: 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-33
D. STREET ADDRESS (If rural, give location): 2500 Hollins Ferry Rd, 30 Md.

5. SEX: M.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 1886
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10B. KIND OF BUSINESS OR INDUSTRY: Proprietor
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Gersker Miller
14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookoown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Sarah Miller — ADDRESS: 2500 Hollins Ferry Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

(B) Fracture of Rt. hip. — 2 wks

DUE TO

(C) Old C.V.A. c Rt. hemiplegia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: William V. Lowe M. D.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, ~~SUICIDE~~, HOMICIDE (Specify): Contributing.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2500 Hollins Ferry Rd.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 29, 1952 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? fell out of bed.

22. I hereby certify that I attended the deceased from 12-31-52, 19__, to 1-10-53, 19__, that I last saw the deceased alive on 1-10-53, 19__, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Nora J. H. Chaney M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: Jan 10 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/11/53
24C. NAME OF CEMETERY OR CREMATORY: Rodfe Zedek
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. C. Levenson & Bro — ADDRESS: 1124-26 W. North Ave

VS 150
N820.0 FOR APPROVAL 2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S562

53 0260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0260

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Somers, A. George

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. Gen. Hosp.

C. Length of stay in Baltimore: 36 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto

D. STREET ADDRESS (If rural, give location): 132 E. Gittings St

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 29, 1902

9. AGE (In years last birthday): 50

If Under 1 Year: Months / Days

If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Allen L. Martin (Airplanes)

11. BIRTHPLACE (State or foreign country): Oxford Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Somers

14. MOTHER'S MAIDEN NAME: Dent Knew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Gary L. Somers

ADDRESS: 132 E. Gittings St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute coronary occlusion & myocardial infarction

DUE TO

(B) Coronary atherosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953 *to* 1-10, 1953, *that I last saw the deceased alive on* 1-10, 1953 *and that death occurred at* 12 20 *am., from the causes and on the date stated above.*

23A. SIGNATURE: W. Lawrence Mc M. D.

23B. ADDRESS: South Baltimore Genl Hosp

23C. DATE SIGNED: 1-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried

24B. DATE: Jan 13, 1953

24C. NAME OF CEMETERY OR CREMATORY: Elder Bd

24D. LOCATION (City, town, or county) (State): A. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: C. Howard Evans

ADDRESS: 14 W. St Charles St

VS 150

6833T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

R-2-51
53 0261

53 0261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RACHEL ROSENBERG

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4613 Park Hgts
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt Sinai Home
C. Length of stay in Baltimore: 60 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 27-16
D. STREET ADDRESS (If rural, give location): 4613 Park Heights Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 90 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Baer
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henry I. Rosenberg — ADDRESS: 4117 Belvieu Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatoid Arthritis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar., 1950, *to* Jan. 9, 1953, *that I last saw the deceased alive on* Jan. 9, 1953, *and that death occurred at* 6 30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert Goldstein, M. D.
23B. ADDRESS: 1810 Eutaw Pl.
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-11-1953
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc.
ADDRESS: 2100 Eutaw Pl.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-430

CERTIFICATE CORRECTED 1-15-53

53 0262

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0262

1. NAME OF DECEASED (Type or Print): DAVID SOHHOD

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4018 Delle Ave
C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-10
D. STREET ADDRESS (If rural, give location): 4018 Delle Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 78 ~~80~~ — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Butcher
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Hirsh
14. MOTHER'S MAIDEN NAME: Drazel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Shirley Cohen — ADDRESS: Same

MEDICAL CERTIFICATION

18. 420.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Pulmonary Edema — 2 hours

DUE TO

(B) Arteriosclerotic Heart Disease — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1952 *to* Jan. 10, 1953 *that I last saw the deceased alive on* 1-9, 1953 *and that death occurred at* 2-15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. A. Sussman M. D.
23B. ADDRESS: 1109 N. Calvert St
23C. DATE SIGNED: 1-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-11-1953
24C. NAME OF CEMETERY OR CREMATORY: Shaarei Tfiloh
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 1 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Hoffberg Bros. Inc.
ADDRESS: 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

Assessment
1109 No Calvert

S-250

53 0263

SESSOM

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0263

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles W. Sessom

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH: A. Baltimore City, Maryland City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3308 Tate Street

C. Length of stay in Baltimore: 32 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 25-06

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 3308 Tate Street

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 1, 1901

9. AGE (In years last birthday): 51 yrs. If Under 1 Year: Months 8, Days –; If Under 24 Hours: Hours –, Min. –

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Rocky Mount, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Sessom

14. MOTHER'S MAIDEN NAME: Molly Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-01-2065

17. INFORMANT: Annie Witaker ADDRESS: 3308 Tate Street

MEDICAL CERTIFICATION

18. 443 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Nephritis — 3 months

DUE TO

(B) Acute Hypertensive Heart

DUE TO

(C) Cerebral Accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 12, 1952 *to* Jan. 7, 1953, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 6:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerry L. Luck M. D.

23B. ADDRESS: 427 S wale ave

23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan 12/53

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery

24D. LOCATION (City, town, or county) (State): A. Co, Co, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 1953

REGISTRAR'S SIGNATURE: Huntington Williams

25. FUNERAL DIRECTOR: Robert R. Williams

ADDRESS: 1525 McElderry St

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

E-363

53 0264

BIRTH NO. 52-25590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0264

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Peggy Edwards

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3214 Hilltop Ave. #27 5351

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 10-13-52
9. AGE (In years last birthday): If Under 1 Year: Months 4 mos. Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clifford
14. MOTHER'S MAIDEN NAME: Margaret Dickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Status thymo lymphaticus — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Acute Lymphomatosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity at birth

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1952, to 1-12, 1953, that I last saw the deceased alive on 1-9-, 1953, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE: Harry L. Kaufman M.D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/12-53
24C. NAME OF CEMETERY OR CREMATORY: St Peters
24D. LOCATION (City, town, or county) (State): Morelund Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Edward Poulson
ADDRESS: Balto 30 Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-355

53 0265

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0265

Registered No.

1. NAME OF DECEASED (Type or Print): DAISY D. REDMOND.

2. DATE OF DEATH: JAN 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 902 W 37th ST.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 13-07
D. STREET ADDRESS (If rural, give location): 902 W 37th ST

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAR 17, 1885
9. AGE (In years last birthday): 67
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDWARD M. REDMOND
14. MOTHER'S MAIDEN NAME: CATHERINE NALLS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BERTHA F. REDMOND
ADDRESS: 902 W 37th ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of Esophagus. — INTERVAL BETWEEN ONSET AND DEATH: 18 MONTHS

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 18, 1952, *to* JAN 8, 1953, *that I last saw the deceased alive on* JAN 8, 1953, *and that death occurred at* 12 05 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Anthony J Danes, M. D.
23B. ADDRESS: 800 W 33rd St
23C. DATE SIGNED: 1-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN 12/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 630

53 0266

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0266

1. NAME OF DECEASED (Type or Print): RAYMOND D. FORD

2. DATE OF DEATH: 1/10/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran H.
C. Length of stay in Baltimore: Yrs. 44 Mos. Life Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-43
D. STREET ADDRESS (If rural, give location): 1924 Harmon Street #30

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 23, 1899
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10B. KIND OF BUSINESS OR INDUSTRY: Meat packing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward M. Ford
14. MOTHER'S MAIDEN NAME: Clara M. Cox.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edith P. Ford ADDRESS: 1924 Harmon St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probable Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hr.

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular Disease — ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/53, 19__, to 1/10/53, 19__, that I last saw the deceased alive on 1/10/53, 19__, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE: R. W. Gebhardt M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 13/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Frederick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland Ave.

VS 150

69040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-365

53 0267

53 0267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MISS LORETTA LEE KETTERING

2. DATE OF DEATH: 1/8/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTO. MD.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BON SECOURS HOSPITAL
C. Length of stay in Baltimore 7 Yrs. ~~Mos.~~ ~~Days~~

34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-08
D. STREET ADDRESS (If rural, give location): 121 S. AUGUSTA AVE.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 9/25/45
9. AGE (In years last birthday): 7 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN KETTERING
14. MOTHER'S MAIDEN NAME: ADELE WEISENGOFF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MR. JOHN KETTERING - FATHER ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

204.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John E. Carroll Jr. M. D.
23B. ADDRESS: 6 Lon Lemmus
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN. 12, 1953
24C. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): OLD FREDERICK RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: CHARLES W. KACHAUSKAS
ADDRESS: 703 McHENRY ST.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

H-324
53 0268

Howdy SHELL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0268
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert A. Howdyshell

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 22-01
D. STREET ADDRESS (If rural, give location): 309 N. Harford

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 23-1896
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexandria Howdyshell
14. MOTHER'S MAIDEN NAME: Virginia Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Forest George — ADDRESS: 6409 Patterson Ave. Rich. Va.

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Far Advanced Pulmonary
DUE TO
(B) Tuberculosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Howard M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-13-53
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Richmond Va.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John T. Mills Jr. — ADDRESS: 2431 E. Olney St

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

F-525

53 0269

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0269

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Finnegan

2. DATE OF DEATH: Jan. 9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2657 Lauretta Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 20-02
D. STREET ADDRESS (If rural, give location): 2657 Lauretta Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 22, 1893
9. AGE (In years last birthday): 59 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Charwoman
10B. KIND OF BUSINESS OR INDUSTRY: Monumental Life Ins. Co.
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Tierney
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph Finnegan Jr. ADDRESS: 2657 Lauretta Ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocardial Infarction ?
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(Possible) Amyotrophic Lateral Sclerosis — 1 yr.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 — 6, 1953 *to* 1 — 9, 1953, *that I last saw the deceased alive on* 1 — 6, 1953, *and that death occurred at* 6.30A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stanley R. Steinbach M. D.
23B. ADDRESS: 3334 Dolfield Ave
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 12/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Wilkinson
25. FUNERAL DIRECTOR: Harry H. Weiss
ADDRESS: 4101 Edmondson Ave

VS 150

75373

PLEASE WRITE IN ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

412

53 0270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0270

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DELORES LEE PHILLIPS

2. DATE OF DEATH: January 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (Brooklyn)
D. STREET ADDRESS (If rural, give location): 242 Meadow Rd. 5256

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-6-42
9. AGE (In years last birthday): 10 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): A.A.Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Phillips
14. MOTHER'S MAIDEN NAME: Irene Sprowse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart Failure — 3 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Glomerulonephritis — 4 yrs.

DUE TO

(C) Hypertension — 4 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-26, 1952, *to* 1-8, 1953, *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Neil H. Lemon M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 12/53
24C. NAME OF CEMETERY OR CREMATORY: Glenhaven
24D. LOCATION (City, town, or county) (State): A.A. County

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry F. Metzger
ADDRESS: 4101 Edmondson Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-520

53 0271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0271

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen Thomas

2. DATE OF DEATH: Jan. 8, 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 16 - 02
D. STREET ADDRESS (If rural, give location): 1110 Wordyear Pl

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-14-87
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Charles Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Garner
14. MOTHER'S MAIDEN NAME: Winnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO
ANTECEDENT CAUSES
(B) ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 4, 1953 *to* Jan 8, 1953 *that I last saw the deceased alive on* Jan. 8, 1953 *and that death occurred at* 4 50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: R C Hofammann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Ce
24D. LOCATION (City, town, or county) (State): Balto. City

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan Jr
ADDRESS: 1011 N. Arlington Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-143
53 0272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0272
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BENJAMIN SOLOMON APPLESTEIN

2. DATE OF DEATH: 1-11-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3302 FAIRVIEW AVE
C. Length of stay in Baltimore: 77 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-38
D. STREET ADDRESS (If rural, give location): 3302 FAIRVIEW AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (RETIRED)
10B. KIND OF BUSINESS OR INDUSTRY: CITY LIBRARIAN
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISAAC
14. MOTHER'S MAIDEN NAME: BAILA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JENNIE APPLESTEIN ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage - sudden exit. — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) arterio-sclerosis about 15 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct-1947 died suddenly, 19__, *to* Jan-11-1953, *that I last saw the deceased alive on* Dec-29 1952 *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr. Herman Geidel M.D.
23B. ADDRESS: 2404 Eutaw St
23C. DATE SIGNED: 1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-1953
24C. NAME OF CEMETERY OR CREMATORY: Herring Run
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Joseph Sauer Inc.
ADDRESS: 2100 Eutaw Pl.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 460
53 0273

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0273

Registered No.

1. NAME OF DECEASED (Type or Print): SKLAR, HARRY M.

2. DATE OF DEATH: 11 JAN. 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp. of Balt. Inc
C. Length of stay in Baltimore: 66 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-41
D. STREET ADDRESS (If rural, give location): 3612 Eldorado Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 67 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive
10B. KIND OF BUSINESS OR INDUSTRY: Fertilizer
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Abraham
14. MOTHER'S MAIDEN NAME: Lena
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Kate Sklar — ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bleeding duodenal ulcer

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7 Jan '53
19B. MAJOR FINDINGS OF OPERATION: Bleeding duodenal ulcer
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/3/, 1953, *to* 1/11, 1953, *that I last saw the deceased alive on* 1/11, 1953, *and that death occurred at* 5:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Horace W Bernton M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 11 Jan '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

2964R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

A 346.
53 0274

53 0274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-24870

1. NAME OF DECEASED (Type or Print): Leslie Adler -

2. DATE OF DEATH: Jan. 11, 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-17
D. STREET ADDRESS (If rural, give location): 5801 Wanner Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 10-17-52
9. AGE (In years last birthday): If Under 1 Year: Months 3, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md. Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Paul Adler
14. MOTHER'S MAIDEN NAME: Josephine Bellamy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. 756.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Multiple Congenital Defects — Since birth
DUE TO 1. extroffy of bladder
2. omphalocele
3. imperforate anus
(B) 4. bilateral talipes equinovarus
DUE TO
(C) 5. anomaly of bowel with intussusception

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 10-17-53
19B. MAJOR FINDINGS OF OPERATION: Repair of omphalocele, reduction of intussusception
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 7, 1953 *to* Jan. 11, 1953, *that I last saw the deceased alive on* Jan. 11, 1953, *and that death occurred at* 12 05 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Herndon M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Kevors Inc
ADDRESS: 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

K 523

53 0275

CERTIFICATE AMENDED 11/3/53 ES

53 0275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ellen Knight

2. DATE OF DEATH: Jan. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1811 N. Monroe Street
C. Length of stay in Baltimore: 58 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-02
D. STREET ADDRESS (If rural, give location): 1811 N. Monroe Street

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 2, 1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -0-
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mary Baskerville
ADDRESS: 1811 N. Monroe St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

153 X

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of cecum

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31, 1952 *to* 1-9, 1953, *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Strieker St.
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 13, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Arlington A. Phillips
ADDRESS: 1808 N. Monroe St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document file.

H-230

53 0276

HUCHT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0276

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry A. Hucht

2. DATE OF DEATH: 1-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home
C. Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-03
D. STREET ADDRESS (If rural, give location): 1225 N. Luzerne Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 11-1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Die Maker
10B. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Hucht CHEM (n)
14. MOTHER'S MAIDEN NAME: Sophia Buettner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert P. Hucht
ADDRESS: 2220 E. Hoffman St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 451X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aneurysm of Abdominal Aorta — Interval between onset and death: 1 year

DUE TO

(B) Arterio Sclerosis — 5 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec-6, 1952 *to* Jan 8-, 1953 *that I last saw the deceased alive on* Jan 8-, 1953, *and that death occurred at* 11 50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: E Gill Hall MD M. D.
23B. ADDRESS: 1631 E North Ave
23C. DATE SIGNED: Jan 9-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John C. Miller Inc.
ADDRESS: 2431 E. Oliver St.

VS 150

5924R

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Q-200

53 0277

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0277

1. NAME OF DECEASED (Type or Print): John I. Quick

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3201 Reckert Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 21-03
D. STREET ADDRESS (If rural, give location): 3201 Reckert Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-15-1901
9. AGE (In years last birthday): 51
If Under 1 Year: Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Candy
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Quick (M)
14. MOTHER'S MAIDEN NAME: Catherine Fist

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Beatrice Quick
ADDRESS: 3201 Reckert

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 581.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fatty Infiltration of Liver

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Sovrd M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: 5305 Rayford Ave

VS 151

49045

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-255

53 0278

53 0278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frances T. McNamara

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JENKINS MEMORIAL HOSPITAL, 1000 Caton Avenue, BALTIMORE 29, MARYLAND
C. Length of stay in Baltimore: 92 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 627 N. Bentalou St.

16-05

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-17-1860
9. AGE (In years last birthday): 92 yrs.
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: For Self
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Simon McNamara
14. MOTHER'S MAIDEN NAME: Julia McNulty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Helen E. Groves ADDRESS: 627 N. Bentalou St.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Grade IV Cardiac Decompensation

DUE TO Arteriosl. Cardio Vasc. Disease.

ANTECEDENT CAUSES

(B) Generalized Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Bronchopneumonia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 1/9, 1953, that I last saw the deceased alive on 1/8, 1953, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Harry T. Kurtz M.D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 1/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: John J. Lynam & Son
ADDRESS: Hollins

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260

53 0279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0279

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elmer Baker

2. DATE OF DEATH: Jan 10, '53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Med-Osl 6

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitemarsh - 5306
D. STREET ADDRESS (If rural, give location): Pulaski Highway

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-23-04
9. AGE (In years last birthday): 48 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Welder
10B. KIND OF BUSINESS OR INDUSTRY: Fabricator Inc.
11. BIRTHPLACE (State or foreign country): Baltimore -
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Baker (M)
14. MOTHER'S MAIDEN NAME: Clementine Zell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Probable congenital cardiac abnormality

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 9, 1953 *to* Jan 10, 1953 *that I last saw the deceased alive on* Jan. 10, 1953 *and that death occurred at* 9:15 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Franklin Sullivan M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.
24D. LOCATION (City, town, or county) (State): Wash. Md. Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: Sullivan

VS 150

6853E

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

B-653

53 0280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0280

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Caroline Brundick

2. DATE OF DEATH: JAN 11 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21
D. STREET ADDRESS (If rural, give location): 2226 Monacacy Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 11-24-06
9. AGE (In years last birthday): 46 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederick Rathgaber
14. MOTHER'S MAIDEN NAME: Rose Himler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-4367
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. 416x

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) R. rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 42 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3- *, 1953 to* 1-11- *, 1953 that I last saw the deceased alive on* 1-11- *, 1953, and that death occurred at* 330 *A m., from the causes and on the date stated above.*

23A. SIGNATURE: John R. Hardman M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Harry F. Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO. 13, MD.
ADDRESS: George F. Sander

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

S-365

53 0281

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0281

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM JOHN STORMER

2. DATE OF DEATH: Jan 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2224 Aiken Street
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 2224 Aiken Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 18, 1890
9. AGE (in years last birthday): 62 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Machine Research
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Stormer
14. MOTHER'S MAIDEN NAME: Theresa Eickner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-09-9260
17. INFORMANT: Mrs. Catherine F. Stormer ADDRESS: 2224 Aiken Street 13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19__, *to* 1/9 53, 19__, *that I last saw the deceased alive on* 1/8 53, 19__, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lemon L. Hartley M. D.
23B. ADDRESS: 3900 Alameda Blvd
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: H. Clayton for W. Blair-Smith
25. FUNERAL DIRECTOR: HENRY SANDER & SONS INC. BALTO. 9, MD.
ADDRESS: George F. Sander

VS 150

55482

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 500

CERTIFICATE CORRECTED 1/19/53 ES X

53 0282

53 0282

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): FREDERICK A. HEIM

2. DATE OF DEATH: Jan. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1815 N. Port Street
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fullerton - rural Baltimore
D. STREET ADDRESS (If rural, give location): 24 Henry Avenue 5300

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Mar. 23, 1884
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store clerk
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephan Heim
14. MOTHER'S MAIDEN NAME: Margaret Mandler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Bessie L. Seifert ADDRESS: 24 Henry Avenue 6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma, tongue with

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) metastases to neck.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/4/ *,* 1952 *, to* 1/9/ *,* 1953 *, that I last saw the deceased alive on* 1/8/ *,* 1953 *, and that death occurred at* 5:10 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. Weiss M. D.
23B. ADDRESS: 1937 E. South Ave.
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO. 13, MD. George F. Sander

VS 150

3905E

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

M-226 To be OK - by Medical Examiner

53 0283

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0283

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): McCusker, Carrie Edna

2. DATE OF DEATH: January 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 2871 Pelham Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 2, 1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James E. Armstrong
14. MOTHER'S MAIDEN NAME: Harriett R. Winchester
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Delta, Pa. — ADDRESS: Mrs. Morris W. Evans

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic congestive failure

DUE TO

(C)

CERTIFICATION APPROVED BY

R B Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 9, 1953 *to* January 9, 1953 *that I last saw the deceased alive on* Jan. 9, 1953, *and that death occurred at* 2:20 pm., *from the causes and on the date stated above.*

23A. SIGNATURE: A. M. Kogan M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M. D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, Md. George F. Sander

VS 150

I-460
I-4 53 0284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 53 0284
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Julianna Zeller - Zielski

2. DATE OF DEATH: Jan. 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 1400 N. Caroline St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Towson
D. STREET ADDRESS (If rural, give location): 608 Valley Lane #4

5355

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 24, 1869
9. AGE (In years last birthday): 83 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Drescher
14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-07-9514-D)
17. INFORMANT: Mrs. Mary D. Collins ADDRESS: 608 Valley Lane 4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Post-operative Fracture of Rt. Hip — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

E 903.0

CERTIFICATION APPROVED BY
R H Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan. 7, 1953
19B. MAJOR FINDINGS OF OPERATION: Fracture Rt. Hip
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 608 Valley Lane, Towson
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 4, 1953 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR: Slipped & fell to floor

22. I hereby certify that I attended the deceased from Jan. 4, 1953 to Jan. 10, 1953 that I last saw the deceased alive on Jan. 10, 1953 and that death occurred at 7:45 PM from the causes and on the date stated above.

23A. SIGNATURE: B. S. Velez M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO. 13, MD.
ADDRESS: George F. Sander

VS 150

N 820.0

MARGIN RESERVED FOR BINDING

PLEASE FILL IN CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-400

53 0285

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0285

1. NAME OF DECEASED (Type or Print): Cornelia Mildred Koehl

2. DATE OF DEATH: 1/9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Towson
D. STREET ADDRESS (If rural, give location): 7902 Knollwood Rd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED
8. DATE OF BIRTH: Feb 9, 1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Lund
14. MOTHER'S MAIDEN NAME: Marie Tiesen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT: Family Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1953, *to* 1/8, 1953, *that I last saw the deceased alive on* 1/8, 1953, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: S. E. Bryant M. D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 1/12/1953
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John Burns Sons
ADDRESS: Towson, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-520

53 0286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0286

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY W OWINGS

2. DATE OF DEATH: Jan 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSP.
C. Length of stay in Baltimore: 44 life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 18 12-02
D. STREET ADDRESS (If rural, give location): 3022 GUILFORD AVE

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ? single
8. DATE OF BIRTH: SEPT 3, 1870
9. AGE (In years last birthday): 82
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: Ass't. Cashier First National Bank
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HENRY W. OWINGS
14. MOTHER'S MAIDEN NAME: ANNIE MATILDA RICHARDSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: ROBERT E OWINGS (NEPHEW)
ADDRESS: 318 WOODLAWN BALTO 10

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) pneumonia, bilateral

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary + generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

490X

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28, 1952 *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 2:40 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: J D Hubbard M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Jan 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1 - 13 - 53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw Place
M B Mitchell

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-230

53 0287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0287

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jacob Yost

2. DATE OF DEATH: JAN 11 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 33 JOHNS HOPKINS HOSPITAL
C. Length of stay in ~~Baltimore~~ DUNDALK: Yrs. 30 ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk (22) 5353
D. STREET ADDRESS (If rural, give location): 1916 Merritt Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-8-77
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF ~~BUSINESS OR~~ INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CONRAD YOST
14. MOTHER'S MAIDEN NAME: WILHEMINA KANE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 217-20-2138 A
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intraventricular hemorrhage — 3 days

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Tumor of the abdomen, type undetermined

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8- *, 1953 to* 1-11- *, 1953 that I last saw the deceased alive on* 1-11- *, 1953, and that death occurred at* 1⁰⁰ A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Franklin Williams M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. CO., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. Burke Bradley — ADDRESS: Dundalk, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age especially important. Physicians: please write the causes of death clearly and legibly.

M-600

53 0288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0288
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTHA MOORE

2. DATE OF DEATH: Jan. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1153 E. Lombard St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 1153 E. Lombard Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: H Peters
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntingtown, Maryland
25. FUNERAL DIRECTOR: Carl A. Moore
ADDRESS: 403 E. 25th St.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dec 17-45 (1

J-210

53 0289

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0289

1. NAME OF DECEASED (Type or Print): William Bell Jessop

2. DATE OF DEATH: January 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Hill Nursing Home 1802 Eutaw Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 5011 - Ready Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-18-1889
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Type Setting
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Thomas Jessop
14. MOTHER'S MAIDEN NAME: Venna Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 218 - 10 - 6752
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 332 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 7 mo.

DUE TO

ANTECEDENT CAUSES

(B) Cerebral Arteriosclerosis — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1952 *to* Jan 9, 1953 *that I last saw the deceased alive on* Jan 9, 1953 *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Elbert Hunnefarb M. D.
23B. ADDRESS: 1801 Eutaw Pl
23C. DATE SIGNED: Jan 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-13-53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Nat Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Earl B. Warburton
ADDRESS: 403 E. 25th St Balt - 18

VS 150

512 4M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-236

53 0290

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0290

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Mary E. Hechter

2. DATE OF DEATH 1/11/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1421 John Street
C. Length of stay in Baltimore Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1421 John Street

14-01

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Nov. 3, 1876
9. AGE (In years last birthday) 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Schaeffer
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT C. Allen Hechter ADDRESS 6 Club Road

MEDICAL CERTIFICATION

18. 420.1 and 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: few minutes

DUE TO

ANTECEDENT CAUSES

(B) coronary sclerosis — ca. 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. pulmonary tuberculosis, inactive

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19 52 *to* present 19—, *that I last saw the deceased alive on* 1/6 19 53, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE William J. Fenner M. D.
23B. ADDRESS 11 W. 29th St.
23C. DATE SIGNED 1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1-14-53
24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR JAN 12 1953
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Chas. T. Evans & Son
ADDRESS 118 W. Mt. Royal Ave.

VS 150

Q-200

166315 MAF

53 0291

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0291

Registered No.

1. NAME OF DECEASED (Type or Print): Addie Quick

2. DATE OF DEATH: 1.9.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Avenue
C. Length of stay in Baltimore: 10 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-36
D. STREET ADDRESS (If rural, give location): 5601 Chickadee Court

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11.15.1904
9. AGE (In years last birthday): 48 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charlie Galloway
14. MOTHER'S MAIDEN NAME: Nancy Brodnex
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

550.1 April 260X

(A) Hypertensive cardio renal disease

DUE TO

ANTECEDENT CAUSES

(B) Diabetes Mellities

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

a. Acute cardiac dilatation

b. Acute gastric dilatation

19A. DATE OF OPERATION: 12-30-1952

19B. MAJOR FINDINGS OF OPERATION: Acute Appendicitis (Gangrenous) and Peritonitis

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12.30.52, 19__, *to* 1.9.53, 19__, *that I last saw the deceased alive on* 1.9, 19 53, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Johns Ber. M. D.

23B. ADDRESS: 4940 Eastern Avenue

23C. DATE SIGNED: 1.9.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: Jan. 13/53

24C. NAME OF CEMETERY OR CREMATORY:

24D. LOCATION (City, town, or county) (State): Reidsville N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953

REGISTRAR'S SIGNATURE: Huntington Elliott, M.D.

25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott & Daughter

ADDRESS: 1129 N. Caroline St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G.620

53 0292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0292

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lattie Gross

2. DATE OF DEATH: Jan. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. 39 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-02
D. STREET ADDRESS (If rural, give location): 1408 Ashland Ave

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 7, 1891
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kingston, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stewart
14. MOTHER'S MAIDEN NAME: Susan Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elmira Jones
ADDRESS: 419 E. Lafayette Ave

MEDICAL CERTIFICATION

18. 490X

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia, entire right lung

INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 5, 1953 *to* 1, 9, 1953 *that I last saw the deceased alive on* 1, 9, 1953 *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. Carr, M. D.
23B. ADDRESS: 1427 Madison Ave
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Baltimore st.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-625

53 0293

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0293

Registered No.

1. NAME OF DECEASED (Type or Print): Estelle Piel Hourigan

2. DATE OF DEATH: Jan. 9 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 N. Lexington St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Women's and Aged Men's Homes

C. Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02

D. STREET ADDRESS (If rural, give location): 1400 N. Lexington St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 31 1874

9. AGE (In years last birthday): 78

If Under 1 Year: Months – Days 9 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman L. Piel

14. MOTHER'S MAIDEN NAME: Caroline E. Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: L. H. Read ADDRESS: 1400 N. Lexington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerotic Cardio-Vascular disease — 4 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* January 9, 1953, *that I last saw the deceased alive on* January 9, 1953, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Manlevel Edmund Day M. D.

23B. ADDRESS: 4-E-33rd St -18-

23C. DATE SIGNED: January 10 1953

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial

24B. DATE: 1/12/53

24C. NAME OF CEMETERY ~~OR CREMATORY~~: Lorraine

24D. LOCATION (City, town or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: W. E. Carr Jr. ADDRESS: 1217 St. Paul St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0 425
53 0294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0294
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charlotte E. Olsen

2. DATE OF DEATH: 1/9/1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Md.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-48
D. STREET ADDRESS (If rural, give location): 3613 Windsor Mill Rd #16

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 6.22.16
9. AGE (In years last birthday): 36 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Wm L. Weaver
14. MOTHER'S MAIDEN NAME: Alice Kellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gerhardt A. Olsen — ADDRESS: 3613 Windsor Mill Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis of lungs & pleura — INTERVAL BETWEEN ONSET AND DEATH: About 3 mos.

DUE TO

(B) Carcinoma of rt breast — About 5 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12. 16. *,* 1952 *, to* 1. 9. *,* 1953 *, that I last saw the deceased alive on* 1. 9. *,* 1953 *, and that death occurred at* 9.10 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: August Soosaar M. D.
23B. ADDRESS: Luth. Hosp. of Md.
23C. DATE SIGNED: 1/10/1953

24A. BURIAL, ~~CREMATION REMOVAL (Specify)~~: Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Balto.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cox Inc. — ADDRESS: 1217 St. Paul St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-445

53 0295

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0295

Registered No.

1. NAME OF DECEASED (Type or Print): ELLSWORTH FRANKLIN MILHOLLAND

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 527 Maude Avenue - 25

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13, 1901
9. AGE (In years last birthday): 51 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Crown, Cork & Seal Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Milholland (Rural Farmer)
14. MOTHER'S MAIDEN NAME: Elizabeth Hach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-7944
17. INFORMANT: Mrs. Viva Milholland, ADDRESS: 527 Maude Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 9 th, 1953, *to* Jan. 11 th, 1953 *that I last saw the deceased alive on* Jan. 11 th, 1953, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Carlos Simonel M. D.
23B. ADDRESS: 1400 N. Caroline Street -13
23C. DATE SIGNED: Jan. 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Willard, M.D.
25. FUNERAL DIRECTOR: Wm. Cooke, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

58332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-536

53 0296

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0296

Registered No.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Mullins T. Andrews

2. DATE OF DEATH: 1/10/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903 Gorsuch Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 7-05
D. STREET ADDRESS (If rural, give location): 903 Gorsuch Ave

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: Married
8. DATE OF BIRTH: 11/4/1908
9. AGE (In years last birthday): 44
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co
11. BIRTHPLACE (State or foreign country): Plymouth N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: E. C. Andrews
14. MOTHER'S MAIDEN NAME: Mary Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Susie Andrews
ADDRESS: 903 Gorsuch Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1952 *19*__, *to* 1-10-53 *19*__, *that I last saw the deceased alive on* 1-10, *19*53, *and that death occurred at* 4:50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Ewald Jr. M. O.
23B. ADDRESS: 36 York Court
23C. DATE SIGNED: 1-12-53

24A. ~~BURIAL, CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 5217 St. Paul St.

VS 150

66/51

M-635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0297

BIRTH NO. 53 0297

1. NAME OF DECEASED (Type or Print): MRS. Margaret L. Mortimer

2. DATE OF DEATH: 11th Jan. 1953.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3638 Old York Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03
D. STREET ADDRESS (If rural, give location): 3638 Old York Road

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Jan. 1, 1872
9. AGE (In years last birthday): 81
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Haggerty
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —

17. INFORMANT: Francis N. Mortimer
ADDRESS: 2900 Hulfordline

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C.V. Disease

DUE TO

(C) Senility, Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1946, *to* 11th Jan, 1953, *that I last saw the deceased alive on* 10th Jan, 1953, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph E. Muse Jr. M. D.
23B. ADDRESS: 5 West 29th St. (18)
23C. DATE SIGNED: 11 Jan '53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Green Mount
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

K-455

AB - 146133

53 0298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0298

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Kilmon

2. DATE OF DEATH: 1-9-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 31 yrs. (Yrs. Mos. Days) 31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-12
D. STREET ADDRESS (If rural, give location): 4940 Eastern Ave. Baltimore City Hospitals

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: July 11-1888
9. AGE (In years last birthday): 64 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not employed ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Kilmon
14. MOTHER'S MAIDEN NAME: Julia Emory

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S NAME AND ADDRESS: Baltimore City Hospitals Records: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-20- *, 19*51*, to* 1-9- *, 19*53*, that I last saw the deceased alive on* 1-9- *, 19*53*, and that death occurred at* 9.15 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: H. C. Johns M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 1-9-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: [illegible], M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

0297

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

B 300
53 0299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0299
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martha Boyd

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: 18 Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-03
D. STREET ADDRESS (If rural, give location): 853 N. Howard St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ABOUT 1884
9. AGE (in years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Brink
14. MOTHER'S MAIDEN NAME: Isabella?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: HOSPITAL RECORDS
ADDRESS:

MEDICAL CERTIFICATION

18. 196x and E903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of right hip.
DUE TO
(B) Metastatic carcinoma of bones
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
William [illegible] M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 11-20-52
19B. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture hip, Rt. - Metastatic Carcinoma of bones
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 853 N. Howard St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 4 1952 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? She fell and hit Rt. hip.

22. I hereby certify that I attended the deceased from 11-18, 1952 to 1-10, 1953 that I last saw the deceased alive on 1-10, 1953 and that death occurred at 4:10 a m., from the causes and on the date stated above.

23A. SIGNATURE: Elias Raffel M. D.
23B. ADDRESS: Maryland General Hospital
23C. DATE SIGNED: 1-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/13/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Willard, Mgr.
25. FUNERAL DIRECTOR: W. Cook, Inc.
ADDRESS: 1217 ST. PAUL ST.

VS T50

N820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-350

53 0300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0300

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Henry Guyton

2. DATE OF DEATH: 1/10/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 E. 41st St.
C. Length of stay in Baltimore: ? ? (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-01
D. STREET ADDRESS (If rural, give location): 513 E. 41st St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8/27/1869
9. AGE (In years last birthday): 83 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Mail Carrier
10B. KIND OF BUSINESS OR INDUSTRY: Post office
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benj. Guyton
14. MOTHER'S MAIDEN NAME: Hannah MacFadden
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service): ? ?
16. SOCIAL SECURITY NO.: ? ?
17. INFORMANT: Mrs Harriette Myers — ADDRESS: 513 E. 41st St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

ANTECEDENT CAUSES

(B) Arterio-sclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/7, 1953 *to* 1/10, 1953 *that I last saw the deceased alive on* 1/9, 1953, *and that death occurred at* 7.30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Willis Guyton M. D.
23B. ADDRESS: 3961 Greenmount Ave
23C. DATE SIGNED: 1/10/53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Balto. St.
Per H.E. Lewis

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

D-200
53 9301

53 9301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret Amelia S. Deise

2. DATE OF DEATH: Jan. 12 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: 47 Yrs. Mos. Days life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-03
D. STREET ADDRESS (If rural, give location): 3626 Old York Road

5. SEX: F.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED

8. DATE OF BIRTH: Feb. 19 1863

9. AGE (In years last birthday): 89 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? ?

10B. KIND OF BUSINESS OR INDUSTRY: ? ?

11. BIRTHPLACE (State or foreign country): ~~Germany~~ Baltimore

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Charles Winter

14. MOTHER'S MAIDEN NAME: Catherine Hanbler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: ? ?

17. INFORMANT: Mrs Galdie Clara ADDRESS: 3626 Old York Rd

MEDICAL CERTIFICATION

18. 422.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardio-vascular disease & cardiac decompensation

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1953, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 12, 1953 *and that death occurred at* 3:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ze-Jen Lin M. D.

23B. ADDRESS: Ma. General Hospital

23C. DATE SIGNED: Jan. 12 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1/14/52

24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John H. Moran

ADDRESS: 3000 E. Balto. St

Per H B Lewis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-355

302

53 0302

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0302
Registered No.

1. NAME OF DECEASED (Type or Print): Florence D. Edmonds

2. DATE OF DEATH: Jan. 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3816 Greenmount Avenue
C. Length of stay in Baltimore: 57 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-01
D. STREET ADDRESS (If rural, give location): 3816 Greenmount Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1895
9. AGE (in years last birthday): 57 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Doyle
14. MOTHER'S MAIDEN NAME: Frances Ward
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: J. Bernard Edmonds — ADDRESS: 3816 Greenmount Ave.

MEDICAL CERTIFICATION

18. 170X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma of Lungs and thorax, ribs etc., — almost 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of left breast — 1944

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: August 1944
19B. MAJOR FINDINGS OF OPERATION: Dr. Thomas Chambers Surg. Carcinoma of breast (records at Mercy Hospital)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951 *to* January 10, 1953 *that I last saw the deceased alive on* January 9 1953 *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: (Erwin E. Mayer) Erwin E. Mayer M. D.
23B. ADDRESS: The Esplanade Apts 17
23C. DATE SIGNED: Jan 11, 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Pauline Wilson
25. FUNERAL DIRECTOR: H. W. Meara and Son — ADDRESS: 505 N. Calvert St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-000 303 × 53 0303

53- 0303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VerNA Cohee

2. DATE OF DEATH: JAN 11 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 33 JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 10 yrs. (Yrs. ~~Mos.~~ Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sparrows Point
D. STREET ADDRESS (If rural, give location): Box 166 Rt. 10

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 9-1-88
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Adams Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Vincent Andorff

14. MOTHER'S MAIDEN NAME: Alice Tapper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

18. 175X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — 6 mos.

DUE TO

(B) Carcinoma Ovary

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/29/52
19B. MAJOR FINDINGS OF OPERATION: Carcinomatosis & Intest obstruction
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-26-, 1952 *to* 1-11-, 1953 *that I last saw the deceased alive on* 1-11-, 1953 *and that death occurred at* 2 40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: K. E. Hofammann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 15, 1953
24C. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
24D. LOCATION (City, town, or county) (State): Adams Co. Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Joseph F. Kerrigan
ADDRESS: Mt. Sherman Penna

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly.

L-200

53 0304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0304
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALBERT M LEGG

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 21-02
D. STREET ADDRESS (If rural, give location): 1137 W. Hamburg St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: SEPT. 3-1910
9. AGE (In years last birthday): 42
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOOL HELPER
10B. KIND OF BUSINESS OR INDUSTRY: GLENN MARTIN Co
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: WILLIAM D LEGG
14. MOTHER'S MAIDEN NAME: MARGARET KINSEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-8946
17. INFORMANT: ARLINE FOLDERAUER
ADDRESS: 145 E RANDALL ST

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4221

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER.
24D. LOCATION (City, town, or county) (State): BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Bernard C Harle
ADDRESS: 121 E West St

VS 131

690 3T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-525

53 0305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0305

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALVIN B. DINSMORE, SR

2. DATE OF DEATH: 1/10/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2719 N. Howard Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (circled: WIDOWED)
8. DATE OF BIRTH: 12/31/85
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed.
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-07-0067-A
17. INFORMANT: Virginia M. Brandt
ADDRESS: 2719 N. Howard St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, bilateral & — INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO Pulmonary Edema
(B) Congestive Heart Failure — 6 months
DUE TO marked ASCVD & occlusion
(C) of rt. coronary artery — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10/53, 19__, *to* 1/10/53, 19__, *that I last saw the deceased alive on* 1/10/53, 19__, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. W. Gebhardt M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park.
24D. LOCATION (City, town, or county) (State): Taylor Ave.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Paul E. Edmondson Jr.
ADDRESS: 3605-17 Chestnut Ave.

VS 150

57424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

M 254

53 0306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0306

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Christina G McNulty

2. DATE OF DEATH: Jan. 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 1400 N. Caroline St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 13-06
D. STREET ADDRESS (If rural, give location): 3448 Keswick Rd. #11

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1895
9. AGE (In years last birthday): 57
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Joseph L. McNulty
ADDRESS: 3448 Keswick Rd.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sub-arachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic CVD

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1953, 19__, *to* Jan. 10, 1953 *that I last saw the deceased alive on* Jan. 10, 1953 *and that death occurred at* 9:30 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. B. Velez M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 10, 195

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Ruth E. Schumann
ADDRESS: 3615-17 Lanvale Ave.

JAN 12 1953 Huntington Williams, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S 412

53 0307

CERTIFICATE CORRECTED 1/28/53 ES

53 0307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EMANUEL SLAPAK

2. DATE OF DEATH: Jan. 10, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland 2522 E. Madison St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 46 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-02
D. STREET ADDRESS (If rural, give location): 2522 E. Madison St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 13, 1878
9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: May Co.
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-4709
17. INFORMANT: Mary A. Smith, daughter, above — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

ANTECEDENT CAUSES

(B) gall bladder - probable primary site

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Dec 1 21 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinomatosis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 21, 1949, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 1:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Lol Auerbach M. D.
23B. ADDRESS: 150 E North Ave
23C. DATE SIGNED: Jan 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Jan. 13, 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schmunck Funeral Home, Inc. — ADDRESS: 2601-3-5 E. Madison St.

VS 150

5906C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

H-400

53 0308

53 0308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BARBARA E. HOLLOWAY

2. DATE OF DEATH: 1-11-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 853 HILLMAN COURT
c. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 10-02
D. STREET ADDRESS (If rural, give location): 853 HILLMAN COURT

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 10, 1897?
9. AGE (In years last birthday): 55? If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PACKER
10B. KIND OF BUSINESS OR INDUSTRY: Box Mfg
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JAMES T. E. EAGLE
14. MOTHER'S MAIDEN NAME: CHARLOTTE D. MUSGRAVE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
16. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ROSALINE JOSENHANS ADDRESS: 853 Hillman Ct

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-52, 19__, *to* 1-12-53, 19__, *that I last saw the deceased alive on* 1-10, 1953, *and that death occurred at* 1 1st P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Rovin M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 1.12.53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: Louden Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Robt. C. & B. M. Walters
ADDRESS: 690 4K Pra H & Stricker Sts

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

D-520

53 0310

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0310

Registered No.

1. NAME OF DECEASED (Type or Print): SAMUEL K. DENNIS

2. DATE OF DEATH: JAN. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 100B RIDGEWOOD ROAD
100-B.
C. Length of stay in Baltimore: 50 YRS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 27-14
D. STREET ADDRESS (If rural, give location): 100B RIDGEWOOD RD.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 28, 1874
9. AGE (In years last birthday): 78
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JUDGE
10B. KIND OF BUSINESS OR INDUSTRY: GOVT.
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: SAMUEL K. DENNIS
14. MOTHER'S MAIDEN NAME: SALLY CRISFIELD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: HELEN M. DENNIS
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: Sudden-- about half an hour.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21/51, 19__, *to* 1/11/53, 19__, *that I last saw the deceased alive on* 1/11/53, 19__, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edwin B. Jarrell. M. D.
23B. ADDRESS: 11 East Chase St., City-2
23C. DATE SIGNED: 1/12/53.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-13-1953
24C. NAME OF CEMETERY OR CREMATORY: DRUID RIDGE
24D. LOCATION (City, town, or county) (State): PIKESVILLE MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

DR. E. B. JARRETT
11 E. CHASE

P-450

53 0309

53 0309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK J. PLUM

2. DATE OF DEATH: JAN 10 - 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1975 PENROSE AVE
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-01
D. STREET ADDRESS (If rural, give location): 1975 PENROSE AVE

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: NOV 14 - 1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LT POLICE RET
10B. KIND OF BUSINESS OR INDUSTRY: BALTO POLICE DEPT
11. BIRTHPLACE (State or foreign country): BALTO MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK J. PLUM
14. MOTHER'S MAIDEN NAME: ANNA M. SCHAUB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ANNA M. HECKNER — ADDRESS: 1975 PENROSE AVE

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic C. V. Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1953, *to* 1/10, 1953 *that I last saw the deceased alive on* 1/8, 1953, *and that death occurred at* 10:35 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Anna Laughlin M. D.
23B. ADDRESS: 4508 Edmondson Village
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas B. M. Walter
ADDRESS: 773 93 Pratt & Stricker St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-245

53 0311
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0311

1. NAME OF DECEASED (Type or Print): Harry (Henry) Carville Maslin
2. DATE OF DEATH: Jan. 11, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garrison Nursing Home
C. Length of stay in Baltimore: 50 yrs. ~~Mos.~~ ~~Days~~
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 5228 St. Charles, Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 27-17
D. STREET ADDRESS (If rural, give location): 7803 Garrisons, ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	Aug. 31, 1865	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: J.S. Young Mfg. Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Carville Maslin
14. MOTHER'S MAIDEN NAME: Alice Allen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO. 220-05-3495
17. INFORMANT: Mrs. Alice A. Bullett ADDRESS: 5228 St. Charles, Ave.

MEDICAL CERTIFICATION

18. 592 X

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage	2 Days
DUE TO		
ANTECEDENT CAUSES	(B) Arteriosclerosis	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(C) Chronic Nephritis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	—	

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 6, 1953 to Jan 11, 1953, that I last saw the deceased alive on Jan 11, 1953, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: Herbert M. Foster M. D.
23B. ADDRESS: 2824 St. Paul St
23C. DATE SIGNED: Jan 12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 14, 1953
24C. NAME OF CEMETERY OR CREMATORY: Angel Hill
24D. LOCATION (City, town, or county) (State): Havre de Grace, Harford, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H. Madison Mitchell ADDRESS: Havre de Grace Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

C-163

AB-166433
BIRTH No. 53 0312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0312

1. NAME OF DECEASED (Type or Print): Owen Capeheart

2. DATE OF DEATH: 1-10-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 36 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-01
D. STREET ADDRESS (If rural, give location): 1406 W. Saratoga St.

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 11-1893
9. AGE (In years last birthday): 59 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10B. KIND OF BUSINESS OR INDUSTRY: BETH STEEL SHIPYARD
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Capeheart
14. MOTHER'S MAIDEN NAME: Frances Bonner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S NAME AND ADDRESS: Baltimore City Hospitals Records: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X

(A) ~~Injury~~ -Cerebro Vascular Accident — Interval between onset and death: 1 wk.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hppertension

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4- *, 19*53*, to* 1-10- *, 19*53*, that I last saw the deceased alive on* 1-10- *, 19*53*, and that death occurred at* 9.15P *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. John Pen. M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 1-11-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVERY
24D. LOCATION (City, town, or county) (State): Balto. City, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson
ADDRESS: 916 Penna.

VS 150

Mt Calvery 7703U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 425

53 0313
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0313

1. NAME OF DECEASED (Type or Print): CHARLES E. WILSON

2. DATE OF DEATH: 1/11/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-01
D. STREET ADDRESS (If rural, give location): 5208 PEMBROKE AVE. #6

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5/6/94
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (City Emp)
10B. KIND OF BUSINESS OR INDUSTRY: City Emp
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: David Wilson
14. MOTHER'S MAIDEN NAME: Catherine Haynes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Caroline E. Wilson — ADDRESS: 5208 Pembroke

MEDICAL CERTIFICATION

18. 157X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of pancreas
DUE TO with metastasis
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/53, 19__, *to* 1/11/53, 19__, *that I last saw the deceased alive on* 1/11/53, 19__, *and that death occurred at* 9:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Irving Kramer M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: Balto Cemetery
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: L. H. Lynch
ADDRESS: 5305 Harford Rd.

VS 150

97093

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

S-120

53 0314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0314

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN C. SIBISKI

2. DATE OF DEATH: Jan. 10, 1953.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3711 Foster Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-09
D. STREET ADDRESS (If rural, give location): 3711 Foster Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Loftsman
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Sibiski Shipyard
14. MOTHER'S MAIDEN NAME: Mary Poland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-10-6142
17. INFORMANT: Frieda Sibiski
ADDRESS: 3711 Foster Ave.

MEDICAL CERTIFICATION

18. 163X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung — ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Jan 10, 1953, *that I last saw the deceased alive on* Jan 8, 1952, *and that death occurred at* 4:45 A.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. W. Gaskel M. D.
23B. ADDRESS: 637 S. Conkling St
23C. DATE SIGNED: Jan 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-13-1953
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Charles S. Zeiler
ADDRESS: 901 S. Conkling St.

VS 150

5703U

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-320

53 0315

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0315

Registered No.

1. NAME OF DECEASED (Type or Print): FRANCIS J. LUTZ

2. DATE OF DEATH: 1/10/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL
c. Length of stay in Baltimore: ABOUT 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-07
D. STREET ADDRESS (If rural, give location): 129 S. Conkling St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3, 1878
9. AGE (In years last birthday): 74
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: BREWER
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Karl Lutz
14. MOTHER'S MAIDEN NAME: Marie J. LUTZ.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Lutz
ADDRESS: 729 S. Conkling St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Pneumonia, Prostatic Carcinoma
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/22, 1952, *to* 1/10, 1953, *that I last saw the deceased alive on* 1/10/53, 1953, *and that death occurred at* 8 45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles R. Leland M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-14-1953
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Hunting Ton W. Davis M.D.
25. FUNERAL DIRECTOR: Charles S. Geiler.
ADDRESS: 901 S. Conkling St

VS 150

594 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

A-123

BIRTH NO. 53 0316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0316

1. NAME OF DECEASED (Type or Print): JOHN APOSTOL

2. DATE OF DEATH: JANUARY 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTO GEN. HOSP.
C. Length of stay in Baltimore: 25 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 24
D. STREET ADDRESS (If rural, give location): 2906 LINGANORE AVE

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 6/10/95
9. AGE (In years last birthday): 56
If Under 1 Year: Months 7, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): GREECE
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PETE
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Son. ADDRESS: 2906 Linganore Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

592x and 260x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) TERMINAL UREMIA
DUE TO
(B) CHRONIC NEPHRITIS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JANUARY 1, 1953, *to* JANUARY 12, 1953, *that I last saw the deceased alive on* JAN 12, 1953, *and that death occurred at* 12:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. W. Conway M. D.
23B. ADDRESS: South Baltimore General Hosp.
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Bambras Funeral Home Inc
ADDRESS: 440 E. North Ave

VS 150

2906 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0317 BIRTH NO.

Registered No. 53 0317

1. NAME OF DECEASED (Type or Print): JAMES RANKIN

2. DATE OF DEATH: January 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-36
D. STREET ADDRESS (If rural, give location): 1422 Broening Highway

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May-17-
9. AGE (In years last birthday): 36
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Lee's Garage
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Rankin
14. MOTHER'S MAIDEN NAME: Bessie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.: 238-01-7366
17. INFORMANT: Thelma Rankin
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4201

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William U. Gorrell M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 14-53
24C. NAME OF CEMETERY OR CREMATORY: Nat. Arlington Cem.
24D. LOCATION (City, town, or county) (State): Arlington, Va.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John G. Connelly
ADDRESS: 418 Eastern Ave. Balto 21, Md.

55083

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-200

53 0318

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0318

Registered No.

1. NAME OF DECEASED (Type or Print): William G Gassaway

2. DATE OF DEATH: Jan 10 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 W University Parkway
C. Length of stay in Baltimore: 12 yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: ✓
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07
D. STREET ADDRESS (If rural, give location): 622 W University Parkway

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 21 1906
9. AGE (In years last birthday): 46 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer.
10B. KIND OF BUSINESS OR INDUSTRY: C & P Telephone Co
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William N. Gassaway
14. MOTHER'S MAIDEN NAME: Martha Louise Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 579-051-172
17. INFORMANT: Dr Wm F Gassaway — ADDRESS: Ellicott City Md

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 42011

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Artery, coronary, thrombosis of — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9 (9 PM) 1953 *to* 10.50 PM, 19__, *that I last saw the deceased alive on* Jan 9 1953, *and that death occurred at* 10.50 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: John W. Parsons M. D.
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: Jan 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 13 1953
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 12 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H W Jenkins & Sons Co — ADDRESS: 4905 York Rd

VS 150

055 5A

PLEASE WRITE IN ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. John H Parsons
74 Hon 11 E Chase

W 436
53 0319

CERTIFICATE CORRECTED 1-27-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0319

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martin R. Walters

2. DATE OF DEATH: Jan. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1706 Darley Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore S-03
D. STREET ADDRESS (If rural, give location): 1706 Darley Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 29, 1894
9. AGE (In years last birthday): ~~61~~ 58
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: R.W. Express
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Walters
14. MOTHER'S MAIDEN NAME: Annie Gavin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 705-03-9441
17. INFORMANT: Marie A. Walters
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946 *to* Jan 9, 1953 *that I last saw the deceased alive on* Jan 9, 1953 *and that death occurred at* 10:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William H. Fosting M. D.
23B. ADDRESS: 11 E. Chase St
23C. DATE SIGNED: 1-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 13 1953
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Fred A. Dole
ADDRESS: 1913 W. Balto St

VS 150

39050

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452

53 0320

53 0320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Blanch Williams

2. DATE OF DEATH: Jan-6-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 21-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 621 West Saratoga Street

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 68 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Mary Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Louise Benett — ADDRESS: 559 Orchard Street

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10/52, 19__, *to* 1/6/53, 19__, *that I last saw the deceased alive on* 1/4/53, 19__, *and that death occurred at* 3 40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Gamer M. D.
23B. ADDRESS: 953 Gerge St
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brattley

VS 150

72084

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

G-420
53 0321

GALES

53 0321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gales Arneda

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland U.H
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.H
C. Length of stay in Baltimore 13 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linthicum Heights
D. STREET ADDRESS (If rural, give location): Andover Rd 5200

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 58 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edgar Harvle
14. MOTHER'S MAIDEN NAME: Sarah Louis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edmond Shands | ADDRESS: Linthicum Heights, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
332X and 260X
(A) Thrombosis of Int. Carotid — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes Mellitus
Chr. Nephritis Abscess

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 1953 *to* 1-9, 1953 *that I last saw the deceased alive on* 1-9, 1953, *and that death occurred at* 4:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Timothy Baker M. D.
23B. ADDRESS: U.H. Balto, Md
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Geo. G. Wilson
ADDRESS: 1111 Bentley Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620

53 0322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0322

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MRS. CATHERINE BOWERS

2. DATE OF DEATH: JAN. 10-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 14 S. GILMOR ST
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 17-04
D. STREET ADDRESS (If rural, give location): 14 S GILMOR ST

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY-26-1875
9. AGE (In years last birthday): 77 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MARTIN
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Walter E Bowers. ADDRESS: 300 Riverview Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mitral stenosis

DUE TO

(B) Influenza

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 9, 1952, *to* _____, 19__, *that I last saw the deceased alive on* Dec 9, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Milton Assumb M.D.
23B. ADDRESS: 1429 W Fayette St
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN-13-1953
24C. NAME OF CEMETERY OR CREMATORY: New Catherdral Cem
24D. LOCATION (City, town, or county) (State): 720 OLD FREDERICK Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Thomas J Kenny Inc. ADDRESS: 1600 Hollins St

VS 150

O.K. ed. Dr. Dr. Must. Med. Examiner office

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

G-430

53 0323

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0323

Registered No.

1. NAME OF DECEASED (Type or Print): SAMUEL GOLD

2. DATE OF DEATH: 1/12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland
C. Length of stay in Baltimore: 47 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2605 Quantico Ave. #15

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 8/15/91
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailoring
10B. KIND OF BUSINESS OR INDUSTRY: S & M Tailoring Co. Balto. Clothing (a)
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Rebecca
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Gold
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: approx 6 hrs

DUE TO

(B) Acute Cardiac Dilatation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertensive Arteriosclerotic Cardiovascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthma

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/12/53, 19__, *to* 1/12/53, 19__, *that I last saw the deceased alive on* 3 PM 1/12/53, 19__, *and that death occurred at* 3 10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: F. W. Gebhardt M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-13-53
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc. 2100
ADDRESS: Eutaw Pl

VS 150

5046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L 150

53 0324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0324

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAURICE W LEVINE

2. DATE OF DEATH: 1-12-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-01
D. STREET ADDRESS (If rural, give location): 2436 Callow Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH:
9. AGE (In years last birthday): 59 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfg
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Isaac
14. MOTHER'S MAIDEN NAME: Ida
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gertrude Levin — ADDRESS: Same

MEDICAL CERTIFICATION

18. 163X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung - left c
DUE TO cerebral metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11-52
19B. MAJOR FINDINGS OF OPERATION: CA of left lung.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 1953, *to* 1-12, 1953, *that I last saw the deceased alive on* 1-12, 1953, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Glamey M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-13-53
24C. NAME OF CEMETERY OR CREMATORY: Herring Run
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

29046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

H-455

53 0325

53 0325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Leon Solomon Hillman

2. DATE OF DEATH: January 12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3713 Yosemite Ave
c. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3713 Yosemite Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 26, 1907
9. AGE (In years last birthday): 45 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10B. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Late Louis Hillman
14. MOTHER'S MAIDEN NAME: Lena Sachs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Selma Hillman
ADDRESS: 3713 Yosemite Ave.

MEDICAL CERTIFICATION

18. 42011

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: about 2 days (last attack)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ~~Fresh~~ Coronary occlusion — 1946.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946, to Jan. 12, 1953, that I last saw the deceased alive on Jan. 12, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Nathan H. Shapiro M. D.
23B. ADDRESS: 3100 Garrison Blvd
23C. DATE SIGNED: Jan. 12, 1953.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 13/53
24C. NAME OF CEMETERY OR CREMATORY: Ansche Emunah
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bros
ADDRESS: 1124-26 W. North Avenue

VS 150

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-334

53 0326

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0326

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): JOHN G. STADELMEIER, SR.

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2012 E. Lafayette Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2012 E. Lafayette Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1884
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John G. Stadelmaier
14. MOTHER'S MAIDEN NAME: Henrietta Nolte

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-01-0742
17. INFORMANT: JohnG. Stadelmaier, Jr. ADDRESS: 2119 E. Federal St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral Bronchiectasis — 6 yrs

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18- *, 19*36*, to* 1-11- *, 19*52*, that I last saw the deceased alive on* 1-11- *, 19*52*, and that death occurred at* 4:00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Melton C. Cary M. D.
23B. ADDRESS: 2117 Belair Rd
23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 14, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Ulrich Funeral Home
ADDRESS: 2008 Orlaens St.

VS 150

3906N

M-230

53 0327

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0327

1. NAME OF DECEASED (Type or Print): MARGARET MASETH

2. DATE OF DEATH: Jan. 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 530 S. Streeper St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-02
D. STREET ADDRESS (If rural, give location): 530 S. Streeper St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 6, 1873
9. AGE (In years last birthday): 79 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ludwig Eckert
14. MOTHER'S MAIDEN NAME: Kunigunda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mrs. Marguerite Kosman — ADDRESS: 530 S. Streeper St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

170X

(A) Cancer of breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949 to Jan, 1953, that I last saw the deceased alive on Jan. 10, 1953, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Georgiana Zeller M. D.
23B. ADDRESS: 2739 Eastern Ave
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 13, 1953
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

C-200

53 0328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0328

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LULA M. COX

2. DATE OF DEATH: Sunday - January 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1713 Covington St.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (30)
D. STREET ADDRESS (If rural, give location): 1713 Covington St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 29, 1870
9. AGE (In years last birthday): 82 — If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife -
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James P. Reed
14. MOTHER'S MAIDEN NAME: Lucy Sylvester
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Albert B. Cox (Son) ADDRESS: 6227 N. Potomac St., Balto. 5, Md.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
Chronic valvular heart dis.
(B) Hypertensive c.v. dis. — indef.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1952, to Jan 11, 1953, that I last saw the deceased alive on Jan 10, 1953, and that death occurred at 9:15 a m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M.D.
23B. ADDRESS: 3340 Delfield Ave, City 15
23C. DATE SIGNED: Jan 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Wed., Jan. 14, 1953
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn G.G. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Nitchie M.D.
25. FUNERAL DIRECTOR: C. Howard Evans
ADDRESS: 1400 S. Charles St., Balto. 30, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

S 314

53 0329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0329

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine Staples

2. DATE OF DEATH: Jan. 12, 19[illegible]

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1905 Gwynn Falls Pkwy

C. Length of stay in Baltimore: 31 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore N-04

D. STREET ADDRESS (If rural, give location): 1905 Gwynn Falls Pkwy.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 1, 1900

9. AGE (In years last birthday): 52

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lounenburg Co. Va

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Adam Foster

14. MOTHER'S MAIDEN NAME: Sally Cyres

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Lambert ADDRESS: 1915 Gwynn Falls Pkwy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 174 X

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma - uterus — 14 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1938

19B. MAJOR FINDINGS OF OPERATION: Malignancy

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUN, 1938, to JAN 12, 1953, that I last saw the deceased alive on 1/10, 1953, and that death occurred at 9.05 A.M., from the causes and on the date stated above.

23A. SIGNATURE M. D.

23B. ADDRESS

23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Samuel Funeral Home

ADDRESS: 1631 Druid Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

A-325

53 0330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2 53 0330 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Addison

2. DATE OF DEATH: Jan. 11, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ga-Sil-Bar Home
C. Length of stay in Baltimore: 80 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-13
D. STREET ADDRESS (If rural, give location): 2101 Cold Spring Lane

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov. 6, 1860
9. AGE (In years last birthday): 92 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jessie Addison ADDRESS: 1 Convent Ave. Apt. 41 New York 29, N. Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis
DUE TO
(B) Senility
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Myocardial failure

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert L. Bonfiglio M. D.
23B. ADDRESS: 722 W. Fulton Ave
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 15, 1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles S. Funeral Home
ADDRESS: 1631 Druid Hill Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300

53 0331

2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0331

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Effie White

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1217 Mc Culloh St.
C. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-04
D. STREET ADDRESS (If rural, give location): 1217 Mc Culloh St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1894
9. AGE (In years last birthday): 58 59 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Pvt. family
11. BIRTHPLACE (State or foreign country): Accomac Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Foscue
14. MOTHER'S MAIDEN NAME: Mary Gaither

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lee Harris ADDRESS: 1217 Mc Culloh St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

480X

(A) Pneumonia, typical — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

ANTECEDENT CAUSES

(B) Influenza — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. arthritis — 15 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1953, *to* 1-11, 1953, *that I last saw the deceased alive on* 1-10, 1953, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Douglas Shepperd M. D.
23B. ADDRESS: 404 N. Fulton ave
23C. DATE SIGNED: 1-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 14, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
28. FUNERAL DIRECTOR: Turner Home ADDRESS: 1631 Druid Hill Ave

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0332

BIRTH NO. 53 0332

1. NAME OF DECEASED (Type or Print): Joseph Brooks

2. DATE OF DEATH: JAN 11 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 47 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-04
D. STREET ADDRESS (If rural, give location): 1919 Riggs Ave.

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 4-1-04
9. AGE (In years last birthday): 48
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10B. KIND OF BUSINESS OR INDUSTRY: Construction Firms
11. BIRTHPLACE (State or foreign country): Gastonia, N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elija Brooks
14. MOTHER'S MAIDEN NAME: Carrie Richards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mitchell Brooks ADDRESS: 1919 Riggs Ave.

MEDICAL CERTIFICATION

18. 177X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Prostate

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypofisectomy in March-52

19A. DATE OF OPERATION: March-1952
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-, 1952 to 1-11-, 1953, that I last saw the deceased alive on 1-11-, 1953, and that death occurred at 1:55 A m., from the causes and on the date stated above.

23A. SIGNATURE: Sandoval M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 15, 1953
24C. NAME OF CEMETERY OR CREMATORY: Family lot
24D. LOCATION (City, town, or county) (State): Gastonia N. C.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Chatham Funeral Home ADDRESS: 1637 Druid Hill Ave.

VS 150

29024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

U-512

53 0333

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0333

Registered No.

1. NAME OF DECEASED (Type or Print): William H. Umbach

2. DATE OF DEATH: Jan 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 Normandy Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D. STREET ADDRESS (If rural, give location): 418 Normandy Ave

20-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28/76
9. AGE (In years last birthday): 76 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Umbach
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Emma Umbach, ADDRESS: 418 Normandy Ave.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 1/5/53

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio Vascular Disease — 2+ yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19 50 *to* 1/10 19 53 *that I last saw the deceased alive on* 1/9 19 53 *, and that death occurred at* 8 30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thos E Cowen M. D.
23B. ADDRESS: 3629 Edmondson Ave
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 13/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Weigle
ADDRESS: 4101 Edmondson Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-432

53 0334
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0334
Registered No.

1. NAME OF DECEASED (Type or Print): CLYDE GLEN KELTS

2. DATE OF DEATH: JAN. 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSP.
C. Length of stay in Baltimore: 1 MOS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PENN.
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANE
D. STREET ADDRESS (If rural, give location): 12 CHESTNUT ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 13, 1883
9. AGE (In years last birthday): 69 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: OTIS G. KELTS (D)
14. MOTHER'S MAIDEN NAME: ELLA WICKS (D)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. MAUDE KELTS (WIFE) — ADDRESS: ABOVE

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Cerebro-Vascular Accident

DUE TO

(C) Cardio-Vascular Disease
Hypertensive Arterio-Sclerotic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13, 1952, *to* 1/12, 1953, *that I last saw the deceased alive on* 1/12, 1953, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Warren W. Wurfbacher M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 15/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Pk.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Kittle
ADDRESS: 4101 Edmondson Ave.

VS 150

773 93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-426

53 0335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0335

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bessie Snyder Walker

2. DATE OF DEATH: Jan-11-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1802 Eutaw Pl.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nursing Home
C. Length of stay in Baltimore: Yrs. 60 Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 804 Cathedral St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 16 1874
9. AGE (In years last birthday): 78 — If Under 1 Year: Months – Days – If Under 24 Hours: Hours – Min. –

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jos. Henry Marston
14. MOTHER'S MAIDEN NAME: Elizabeth Helen Snyder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Bessie S. Walker (Sister) ADDRESS 804 Cathedral

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — 5 yrs
DUE TO
(B) Coronary Sclerosis — 5 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 3, 1952, *to* Dec 11, 1953, *that I last saw the deceased alive on* Dec 10, 1953, *and that death occurred at* 6 6 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ernest Elcrayer M. D.
23B. ADDRESS: The Esplanade
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Jan 13/53
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Bulbach, M.D.
25. FUNERAL DIRECTOR: Leonard Hillman Co.
ADDRESS: 108 W North Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-320

53 0336

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0336

1. NAME OF DECEASED (Type or Print): SAMUEL WOODS

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: 12 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-04
D. STREET ADDRESS (If rural, give location): 828 N. Fulton Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 4, 1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roxboro N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jack Tucker
14. MOTHER'S MAIDEN NAME: Mark Long

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rose Alia Woods ADDRESS: 828 N. Fulton Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 42011

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO Coronary thrombosis

ANTECEDENT CAUSES

(B) Hypertensive cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan. 14/53
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Roxboro N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott & Daughter
ADDRESS: 1129 N. Carolina St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

7208A

H 532

53 0337

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0337

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Theodore E. Hentz (THEODORE E. HENTZ)

2. DATE OF DEATH: Jan. 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Catonsville 5352
D. STREET ADDRESS (If rural, give location): 615 Plymouth Rd. (28)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1891
9. AGE (In years last birthday): 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Frt. Agent
10B. KIND OF BUSINESS OR INDUSTRY: B.O.R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John A. Hentz
14. MOTHER'S MAIDEN NAME: Charlotte Trautman Deceased.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Helen D. Hentz. ADDRESS: 615 Plymouth Rd. 28

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Myocardial degeneration, DUE TO A. C. V. D. Fr. Cor. Pass. Comp.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial infarction DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. & 3 hrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1952 *to* 1-9, 1953 *that I last saw the deceased alive on* 1-9, 1953, *and that death occurred at* 8:12 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: George Otten M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN:13:1953
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. B. Wippert & Son
ADDRESS: F. B. WIPPERT & SON 1300 EUTAW PLACE

VS 150

380 50

S-300

53 0338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0338

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET JANE SCOTT

2. DATE OF DEATH: 1-11-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1521 Fairmount Ave
C. Length of stay in Baltimore: 82 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02
D. STREET ADDRESS (If rural, give location): 1521 W. Fairmount Ave

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 7, 1852
9. AGE (In years last birthday): 100 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Urbanna, Frederick Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Henry Dorsey
14. MOTHER'S MAIDEN NAME: Margaret Ann Jericks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Fannie Minor — ADDRESS: 1521 W. Fairmount Ave

MEDICAL CERTIFICATION

18. 422.2

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1950, *to* ~~December~~ Jan 11, 1953 *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. L. Pumper M. D.
23B. ADDRESS: 639 N. Carey St., Balto
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mr. Kelly R. Williams
ADDRESS: 322 N. Schroeder St

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-630

53 0339

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

L

Registered No. 53 0339

1. NAME OF DECEASED (Type or Print): Thomas L. Ward

2. DATE OF DEATH: 1/11/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 531 N. Calhoun St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 531 N. Calhoun St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7 1904
9. AGE (In years last birthday): 48
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Hill Top Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Ward
14. MOTHER'S MAIDEN NAME: Sue Ellen Montgomery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alice Ward ADDRESS: 531 N. Calhoun St

MEDICAL CERTIFICATION

18. 241 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

(B) asthma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DOA pronounced dead @ 9:45 am 1/11/53, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE: L W Elgin Jr MD M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/195
24C. NAME OF CEMETERY OR CREMATORY: Hill Top Cem.
24D. LOCATION (City, town, or county) (State): Charles Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St

VS 150

683 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-434
53 0340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0340

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROOSEVELT McKINLEY CALDWELL

2. DATE OF DEATH: January 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 23-22
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Cheerylands
D. STREET ADDRESS (If rural, give location): 3001 Cherryland Rd.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9 1902
9. AGE (In years last birthday): 50
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Glass
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Caldwell
14. MOTHER'S MAIDEN NAME: Mable ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Viola Caldwell ADDRESS 3001 Cherryland Rd

MEDICAL CERTIFICATION

18. E936.5

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture
Contusion of brain
(B) Fracture of jaw
(C) Multiple contusions, lacerations, and abrasions

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Found: Alley
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rear of 1046 Pennsylvania Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found: 1/10/53 8:30 A.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Unknown

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [X].*

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/1953
24C. NAME OF CEMETERY OR CREMATORY: Western Star
24D. LOCATION (City, town, or county) (State): Catonsville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington [illegible]
25. FUNERAL DIRECTOR: Mr Kate R. Williams
ADDRESS 322 N Schroeder St

VS 151 N 803.2 97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-220

53 0341

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0341

Registered No.

1. NAME OF DECEASED (Type or Print): DONALD LEE SYKES

2. DATE OF DEATH: 1/12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 6 weeks (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Patapsco
D. STREET ADDRESS (If rural, give location): Patapsco, Carroll County, Maryland

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12/1/52
9. AGE (In years last birthday): If Under 1 Year: Months 1, Days 11; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell Sykes
14. MOTHER'S MAIDEN NAME: Grace Kenyon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Father
ADDRESS: Russell Sykes, Patapsco, Carroll County, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

(B) atelectasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

18. 762.0

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2 1952 to 1/12, 1953, that I last saw the deceased alive on 1/12, 1953, and that death occurred at 7 00 p m., from the causes and on the date stated above.

23A. SIGNATURE: Waverly S. Green, Jr. M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 1-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Wesley Cemetery
24D. LOCATION (City, town, or county) (State): N. Hampstead, Carroll Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: S. Bergey J. Westminster, Md.
ADDRESS:

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 425 SHELLEY

53 0342

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0342

1. NAME OF DECEASED (Type or Print): Shelley Faulkner

2. DATE OF DEATH: 1-11-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 12-03
D. STREET ADDRESS (If rural, give location): 2318 Madison Ave

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-6-01
9. AGE (In years last birthday): 51
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Robert Faulkner
14. MOTHER'S MAIDEN NAME: Roxie Bosley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 332X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malignant Hypertension — ?

DUE TO

(C) Myocardial Failure — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953 *to* 11-11, 1962, *that I last saw the deceased alive on* 1-11, 1962, *and that death occurred at* 3:50 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. I. Woodbl M. D.
23B. ADDRESS: 861 Hoffman
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Arbutus, Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ed. G. Kelson
ADDRESS: 1303 Presstman St.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200
53 0343

53 0343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA Reese

2. DATE OF DEATH: JAN 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-03
D. STREET ADDRESS (If rural, give location): 1713 LANCASTER ST.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-20-80
9. AGE (In years last birthday): 72 74 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto -
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Schriner
14. MOTHER'S MAIDEN NAME: Elizabeth - ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage. — 1/10/53
DUE TO
(B) Hypertension Cardio-Vascular — 1/1950
DUE TO
(C) Generalized Arterio Sclerosis — 1/1950

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953 *and that death occurred at* 12:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William J. Rysanek M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge
24D. LOCATION (City, town, or county) (State): Balto Co - Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Roby & Schneider — ADDRESS: 403 S. Wolfe Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

R. B. Fisher M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

C.620

53 0344

53 0344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 166658 AJH

1. NAME OF DECEASED (Type or Print): Henry Crusse

2. DATE OF DEATH: 1.11.53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Ave
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-09
D. STREET ADDRESS (If rural, give location): 922 S. Conkling St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 15. 1876
9. AGE (In years last birthday): 76 77 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
10B. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C.H. Records 4940 Eastern Ave Zone 24 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — INTERVAL BETWEEN ONSET AND DEATH

420.0

(A) Acute coronary artery thrombosis — 7hrs

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1. 11.53, 19__, *to* 1.11.53, 19__, *that I last saw the deceased alive on* 1.11.53, 19__, *and that death occurred at* 7.am m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Joseph Bec. M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 1.11.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore - Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Kelly & Bohn
ADDRESS: 413 S Wolfe St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-320
53 0345

53 0345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHRISTIAN H. MATTES

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BALTIMORE City Hosp.
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-02
D. STREET ADDRESS (If rural, give location): 12 S. Decker Ave

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-14-83
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Retired Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Balto City Fire Dept
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Z
14. MOTHER'S MAIDEN NAME: Z

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Rose Mattes — ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E974X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxia
DUE TO Hanging
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(1) Anthracosilicosis of lungs
(2) Multiple abscesses of left kidney

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: N
19B. MAJOR FINDINGS OF OPERATION: N
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 12 S. Decker Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): January 11, 1953 7:00 PM
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Hanged self in cupboard

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [X], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R W Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Sullivan, M.D.
25. FUNERAL DIRECTOR: Lidy & Zeller
ADDRESS: 1403 S. Wolfe St

VS 151

N991X 762 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-500

53 0346

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0346

Registered No.

1. NAME OF DECEASED (Type or Print): NELLIE REGINA RAUM

2. DATE OF DEATH: Jan.12,1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2548 Robb Street - 18

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 3, 1889
9. AGE (In years last birthday): 63 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own home.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Fallon
14. MOTHER'S MAIDEN NAME: Ella Keenan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Joseph R. Fetsch, ADDRESS: 420 S. Chapel Gate Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease
DUE TO with Congestive Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1953, *to* Jan. 12, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 2:30a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Osvaldo Serrano-Jiménez M. D.
23B. ADDRESS: 1400 N. Caroline Street -13
23C. DATE SIGNED: Jan.12.1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 15, 1953
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery,
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
26. FUNERAL DIRECTOR: Gustav J. Riedfeld
ADDRESS: 501 E. 22nd. St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

N-432

53 0347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0347

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARIE E. WILDS

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSP.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-17
D. STREET ADDRESS (If rural, give location): 2600 KENOAK Rd. KEN-OAK

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 8, 1886
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis Wilds
14. MOTHER'S MAIDEN NAME: Mary STRieble
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mary E. Wilds, 2600 Ken Oak Road. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Sigmoid

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5, 1953, *to* 1/11, 1953, *that I last saw the deceased alive on* 1/10, 1953 *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Michael J. Foley M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 14, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. H. Sommer
ADDRESS: 4611 Park Heights A

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-410

53 0348

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0348

Registered No.

1. NAME OF DECEASED (Type or Print): Selby, Eric Hamel

2. DATE OF DEATH: January 3/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 801 Buren st
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Jail Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 31 N Central Ave
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 5-01
D. STREET ADDRESS (If rural, give location): 31 N Central

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH
9. AGE (In years last birthday): 36 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): West Indies
12. CITIZEN OF WHAT COUNTRY? Britain (West Indies)

13. FATHER'S NAME: Henry J. Selby
14. MOTHER'S MAIDEN NAME: Caroline Raymond.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Kelvin Selby — ADDRESS: 420 E. 22nd St.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mth.

DUE TO

(B) Mitral regurgitation — Unknown

DUE TO

(C) Hypertensive cardio vascular disease — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Glomerulo nephritis. — ?

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/14, 1952 *to* 1/3, 1953 *that I last saw the deceased alive on* 1/3, 1953 *and that death occurred at* 6:20 AM *from the causes and on the date stated above.*

23A. SIGNATURE: W. Mac Murchy, M.D.
23B. ADDRESS: 801 Buren
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Willis, M.D.
25. FUNERAL DIRECTOR: Charles A. Rice — ADDRESS: 661 W. Baltimore St

VS 150

673 55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

D-230

53 0349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0349

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert L.Duckett

2. DATE OF DEATH: Jan 12 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland 1018 Parksley Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-52
D. STREET ADDRESS (If rural, give location): 1018 Parksley Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 11 1884
9. AGE (In years last birthday): 68 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationery Eng.
10B. KIND OF BUSINESS OR INDUSTRY: Knights of Columbus
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerry Duckett BLDG. MANAG.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-12-9607
17. INFORMANT: Robert L.Duckett Jr ADDRESS: 1018 Parksley Av

MEDICAL CERTIFICATION

18. 163 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the lung — 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic CVD

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. *, 1952, to* Jan. *, 1953 that I last saw the deceased alive on* 1/10 *, 1953, and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Herbert J. Levickas M. D.
23B. ADDRESS: 5305 East Drive (27)
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 16 1953
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Harry T. Armacost
ADDRESS: 4204 Ridgewood Ave

VS 150

58379

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

5305 Snet Disease

R-320

53 0350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0350

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Michael Retz

2. DATE OF DEATH: Jan. 9 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 629 E. Fort Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 629 E. Fort Ave.
C. Length of stay in Baltimore 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 629 E. Fort Ave.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give county): Balto. Md. 24-04
D. STREET ADDRESS (If rural, give location): 629 E Fort Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 2, 1873
9. AGE (In years last birthday): 79 78 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Magdeana Hampke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Bauman ADDRESS: 629 E Fort Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 wks

DUE TO

(B) Arterio Sclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1952, *to* Jan 9, 1953 *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: H. S. Barnes M. D.
23B. ADDRESS: 436 E. Fort Ave
23C. DATE SIGNED: Jan 12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Frederick Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: C. Carlos F. Dill
ADDRESS: 1501 E Fort Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I-564

53 0351

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0351

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Iannarelli

2. DATE OF DEATH: January 11 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 922 Fawn St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 922 Fawn St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17 1895
9. AGE (In years last birthday): 57
If Under 1 Year: Months 9 Days 24
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Lavezza
14. MOTHER'S MAIDEN NAME: Adelina Bacigalupo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Michael Iannarelli ADDRESS: 922 Fawn St.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerotic cardio-

DUE TO vascular disease with

ANTECEDENT CAUSES

(B) hypertension — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 25, 1948, *to* Jan. 11, 1953, *that I last saw the deceased alive on* Nov. 12, 1952, *and that death occurred at* 1.30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sigmund R. Nowak M. D.
23B. ADDRESS: 408 S. Patt. Pl. Am.
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Jan. 14 1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
29. FUNERAL DIRECTOR: Frank Gellatucci
ADDRESS: 322 S. High St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

M-7 00
53 0352

53 0352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Mach

2. DATE OF DEATH: 1/12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
37
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 3112 Tyndale Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/12/85
9. AGE (In years last birthday): 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Postal Service-RET.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Mach
14. MOTHER'S MAIDEN NAME: Antonia Stipek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: LIBBIE MACH, 3112 TYNDALE AVE. — ADDRESS

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — 12 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Pneumonia — 3 days
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/4, 1953 *to* 1/12/, 1953 *that I last saw the deceased alive on* 1/12, 1953, *and that death occurred at* 11:07 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Roth M. D.
23B. ADDRESS: Albany-Hod
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 1/13/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: BOHEMIAN NATIONAL
24D. LOCATION (City, town, or county) (State): OMAHA, NEBRASKA

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington E. Williams M.D.
25. FUNERAL DIRECTOR: C. B. Cook Inc.
ADDRESS: 1217 ST. PAUL ST

VS 150

39090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

B-400
53 0353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0353
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rev. James Wm Hutt Beale

2. DATE OF DEATH: Jan. 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Md. General Hospital
C. Length of stay in Baltimore: 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-05
D. STREET ADDRESS (If rural, give location): 1355 Homestead Street

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: May 23 1874
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman
10B. KIND OF BUSINESS OR INDUSTRY: Methodist Church
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: William Beale
14. MOTHER'S MAIDEN NAME: Rebecca Poffenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Effie Beale — ADDRESS: 1355 Homestead St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease c̄ cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 9, 1953, *to* Jan. 12, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sze-Sui Liu M. D.
23B. ADDRESS: Md. General Hospital
23C. DATE SIGNED: Jan. 12 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Pk. Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thos. J. Tolmer & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

M-240
53 0354

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0354

1. NAME OF DECEASED (Type or Print): MAGILL, NOTA IGNATIUS

2. DATE OF DEATH: JAN. 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL
C. Length of stay in Baltimore (Yrs. Mos. Days): Many Years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Zone 17
D. STREET ADDRESS (If rural, give location): 1900 N. Monroe Street

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single-------
8. DATE OF BIRTH: JULY 30, 1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Unknown~~ Tailor
10B. KIND OF BUSINESS OR INDUSTRY: ~~Unknown~~ Self
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: RICHARD MAGILL
14. MOTHER'S MAIDEN NAME: MARY REDMOND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ~~Unknown~~
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 217-20-3502
17. INFORMANT: Mrs. Peter B. Kelly (sister) — ADDRESS: 1900 N. Monroe Street

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY THROMBOSIS — 1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIO-SCLEROTIC DISEASE — 5 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1952, *to* January 12, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 1:10 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Arthur Klein, M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Fichner & Sons
ADDRESS: 5906 E Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

D-520

53 0355

53 0355

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Dennis, Joseph Emanuel.

2. DATE OF DEATH: 12 Jan 1953.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.

C. Length of stay in Baltimore: 74 years. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 13-07
D. STREET ADDRESS (If rural, give location): 3952 Elm Ave. #11

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: 23 Oct. 1878

9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener -

10B. KIND OF BUSINESS OR INDUSTRY: none.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Frank Antonio Dennis.

14. MOTHER'S MAIDEN NAME: Mary Jane Cromwell.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ELIZABETH DENNIS - ADDRESS: 3952 ELM AVE

MEDICAL CERTIFICATION

18. 42010

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Dec, 1952 *to* 12 JAN, 1953 *that I last saw the deceased alive on* 12 JAN, 1953, *and that death occurred at* 1045 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thos A.S. Mouley M.D.

23B. ADDRESS: Union Memorial Hosp.

23C. DATE SIGNED: 12 Jan 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan 15/53

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Frederick Rd, Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Austin E. Donovan

ADDRESS: 3818 Roland Ave.

VS 150

83010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

M-460

53 0356
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0356
Registered No.

1. NAME OF DECEASED (Type or Print): Frank Andrew Miller

2. DATE OF DEATH: Jan 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 52 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore-15 27-18
D. STREET ADDRESS (If rural, give location): 5110 Cordelia Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 29, 1900
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer
10B. KIND OF BUSINESS OR INDUSTRY: Sun Newspaper.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? US17

13. FATHER'S NAME: Francis Joseph Miller
14. MOTHER'S MAIDEN NAME: Margaret Keller.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 213-03-2312
17. INFORMANT: E. Ruth Miller
ADDRESS: 5110 Cordelia Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Coronary Thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 12, 1953, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 5 00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Ossman, M.D.
23B. ADDRESS: 2800 E. Chase St. Balto.
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 15. 53
24C. NAME OF CEMETERY OR CREMATORY: Westminster Cem
24D. LOCATION (City, town, or county) (State): Westminster Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John C. Miller Sec.
ADDRESS: 2431 E. Oliver St

VS 150

074 4M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

F 236

53 0357

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0357

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Foster

2. DATE OF DEATH: JAN 10 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Med. Ord 4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 1304 N. Broadway

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.P.
8. DATE OF BIRTH: Nov.-14-94
9. AGE (In years last birthday): 58 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Ross

14. MOTHER'S MAIDEN NAME: Florence Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension and arteriosclerotic cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16- *,* 1952 *to* 1-10- *,* 1953 *that I last saw the deceased alive on* 1-10- *,* 1953 *and that death occurred at* 5-30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence E. Shulman M.D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1/14/1952

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Elroy J. Welsom — ADDRESS: 1004 Brentley Way

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

A-536

53 0358

53 0358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-16925

1. NAME OF DECEASED (Type or Print): WALTER ANDERSON

2. DATE OF DEATH: 1/6/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 909 South Paca St. #30

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-15-50
9. AGE (In years last birthday): 2 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Ford
14. MOTHER'S MAIDEN NAME: Dorothy Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Wilm's Tumor — INTERVAL BETWEEN ONSET AND DEATH: 1+ years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Malnutrition — 6 mo -

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/4, 1953, *to* 1/6, 1953, *that I last saw the deceased alive on* 1/6, 1953, *and that death occurred at* 1:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard C Packert M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy D. Wilson
ADDRESS: 1110 Brantley Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-250

53 0359
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0359
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): William Jackson

2. DATE OF DEATH: 1-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-04
D. STREET ADDRESS (If rural, give location): 1821 Orleans St

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: Oct. 10. 05
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie Jackson
14. MOTHER'S MAIDEN NAME: Tamer Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Tamer Jackson — ADDRESS: 220 Beale Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

490X

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Wood M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington T. Williams, M.D.
25. FUNERAL DIRECTOR: Elroy A. Wilson — ADDRESS: 1000 Brooklyn

VS 151

97024

5-530

53 0360

BIRTH NO. 53-2297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0360

1. NAME OF DECEASED (Type or Print): Sandra Smith

2. DATE OF DEATH: Jan-11-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1008 N. Central Ave

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): If Under 1 Year: Months 2/2, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Smith
14. MOTHER'S MAIDEN NAME: Alma Gill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS ✓

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11 1953 *to* 1-11 1953, *that I last saw the deceased alive on* _____, 1953, *and that death occurred at* 12 45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Herndon M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/13/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elbert Wilson
ADDRESS: 1041 Beaumont

VS 150

Med by Case Released to hospital

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

M-320

53 0361

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0361

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): (Junior) JUNIUS MEADOWS

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1041 Eutaw Street

11-04

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6-15-05
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: Apt. Bldg.
11. BIRTHPLACE (State or foreign country): Gordon, Georgia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Meadows
14. MOTHER'S MAIDEN NAME: Adella Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Claude Meadows, 1517 N. Bentalou St.
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* ~~natural causes~~ [ ], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R H Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A.CO., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS 151

77074

D-624

CERTIFICATE CORRECTED 1-23-53 DRECHSLER

53 0362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 53 0362

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lewis Hadrow Drechsler

2. DATE OF DEATH: 1/12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westminster
D. STREET ADDRESS (If rural, give location): 5641

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 11 1880
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Md Carroll Co. Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis Andrew Drechsler
14. MOTHER'S MAIDEN NAME: Agnes Virginia Lang

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-16-0705
17. INFORMANT: Hosp Records
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 241 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary emphysema or Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchial Asthma — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Vascular Accident — 8 days

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/20, 1952, *to* 1/12, 1953, *that I last saw the deceased alive on* 1/12, 1953, *and that death occurred at* 8:25 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles A. Cleland M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 16-53
24C. NAME OF CEMETERY OR CREMATORY: Leisters Cem.
24D. LOCATION (City, town, or county) (State): Carroll Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H Bankard. Son Westminster Md
ADDRESS

VS 150

10010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-536

53 0363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0363

BIRTH NO. 53-00588

1. NAME OF DECEASED (Type or Print): BABY BOY BENDER

2. DATE OF DEATH: January 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -13-
D. STREET ADDRESS (If rural, give location): 4653 Freedomway 26-03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: January 9 1953
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 3 Hours: 12 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Regis Robert Bender
14. MOTHER'S MAIDEN NAME: Virginia Naomi Nangle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 771.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) prematurity hemorrhagic — 4
DUE TO 32 weeks gestation
(B) hemorrhagic — 1
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): 0
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 0
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 0
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? 0

22. *I hereby certify that I attended the deceased from* Jan 9, 1953, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 10:18 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: F. M. Jugcomy M. D. M. D.
23B. ADDRESS: Women's Hospital
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: Pleasantville
24D. LOCATION (City, town, or county) (State): Alumbank Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington 5 W. Pleasant St.
25. FUNERAL DIRECTOR: Geo. E. Connelly
ADDRESS: 418 Eastern Ave. (21)

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

P-430

53 0364 JL -112980

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0364

Registered No.

1. NAME OF DECEASED (Type or Print): Nicholas Pallotta

2. DATE OF DEATH: 1-12-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 804 Stiles St.

3-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Feb. 18, 1883
9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher
14. MOTHER'S MAIDEN NAME: Aida Pallotta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 491X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — 5 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Hypertensive Cardiovascular Disease — years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 13, 1947, *to* Jan. 12, 1953 *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 9.10am *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 1-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN. 15. 1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Charles W. Kachauskas — ADDRESS: 103 McHenry St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

B-634

53 0365

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0365

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): MARY HELEN BORDLEY

2. DATE OF DEATH: Jan 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1001 Dartmouth Rd
C. Length of stay in Baltimore: Life (Yrs. ~~Mos.~~ ~~Days~~)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-48
D. STREET ADDRESS (If rural, give location): 1001 Dartmouth Rd

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 19 1871
9. AGE (In years last birthday): 81
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Clayton Bordley
14. MOTHER'S MAIDEN NAME: Laura Fitzgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Austin J. Bordley
ADDRESS: Lombardy Apts

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerotic cardio

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) vascular disease — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1953, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 12:25 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frederick J. Woellner M. D.
23B. ADDRESS: 6100 York Rd
23C. DATE SIGNED: Jan 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 14 1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H. T. Perkins & Sons Co
ADDRESS: 4905 York Rd

VS 150

Dr. Frederick Vollmer, b.
6100 York Rd

H-160

BIRTH NO. 53 0366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0366

1. NAME OF DECEASED (Type or Print): Nellie Hooper

2. DATE OF DEATH: 1/12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 30 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-13
D. STREET ADDRESS (If rural, give location): Green Spring Ave + Cross Country Blvd

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (circled) SINGLE
8. DATE OF BIRTH: Sept 8 1855
9. AGE (In years last birthday): 97 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James A. Hooper
14. MOTHER'S MAIDEN NAME: Katharine Holloway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Arthur U Hooper — ADDRESS: 100 St Paul St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Debility — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
ANTECEDENT CAUSES
(B) Senility
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Arteriosclerotic Heart Disease

CERTIFICATION APPROVED BY
Wilson Foster M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured Left Hip

19A. DATE OF OPERATION: 12/5/52
19B. MAJOR FINDINGS OF OPERATION: Intertrochanteric Fracture Left Femur
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Haven Nursing Home 4515 Garrison Blvd.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/5/52 6:30 P m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell to floor

22. I hereby certify that I attended the deceased from Jan 1, 1953 to Jan 12, 1953 that I last saw the deceased alive on Jan 11, 1953 and that death occurred at 3:15 P m., from the causes and on the date stated above.

23A. SIGNATURE: Charles B Adams Jr. M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 14/53
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Green Mount
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington W. Willard M.D.
25. FUNERAL DIRECTOR: R. J. Parkins Sons & Co — ADDRESS: 4905 York Rd

VS 150

N820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

53 0367

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0367

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): HERMAN SMITH

2. DATE OF DEATH: January 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Loch Raven Hospital
c. Length of stay in Baltimore: years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02
D. STREET ADDRESS (If rural, give location): 1008 Pennsylvania Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7, 1914
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. W. II.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Nettie Smith — ADDRESS: 2001 Druid Hill Ave.

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: William V. Booth M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Balto. national
24D. LOCATION (City, town, or county) (State): Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. Holstead — ADDRESS: 918 Druid Hill Ave.

VS 151

97099

L-000

53 0368

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0368

1. NAME OF DECEASED (Type or Print): EDWARD LEE

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen. Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-01
D. STREET ADDRESS (If rural, give location): 229 Hamburg St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~wd~~ Single
8. DATE OF BIRTH: Jan. 28-1898
9. AGE (In years last birthday): 54
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arnold Lee
14. MOTHER'S MAIDEN NAME: Maggie Bacon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lucy Lee ADDRESS: 229 W. Hamburg St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: B B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): 1-16-53
24B. DATE: 1-16-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemty
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1953
REGISTRAR'S SIGNATURE: Huntington W. Williams M.D.
25. FUNERAL DIRECTOR: W. B. Griggs
ADDRESS: 139 W. Hamburg St.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-6 53 0369

53 0369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NORMAN DONALD BURN

2. DATE OF DEATH: January 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 110 N. Green Street

4-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 19, 1920
9. AGE (In years last birthday): 32
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy Man
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norman Burn
14. MOTHER'S MAIDEN NAME: Blanche Reinhard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 140-12-8248
17. INFORMANT: B.C.Schroeder & Sons-715 Cooper St., Camden, N.J.

MEDICAL CERTIFICATION

18. 490X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William H. Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/13/53
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cem.
24D. LOCATION (City, town, or county) (State): Camden, N. J.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Harrington Phillips, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Baltimore, Md.

VS 151

690 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 532
53 0370

53 0370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS F. HEINTZ

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 Mallow Hill Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 10 Mallow Hill Rd.

28-04

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 24, 1886
9. AGE (In years last birthday): 66
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Heintz
14. MOTHER'S MAIDEN NAME: Caroline Appel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Anna M. Heintz
ADDRESS: 10 Mallow Hill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart disease — 2 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 4:10 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leo J. Gara M. D.
23B. ADDRESS: 1 Mallow Hill Ave
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Lillington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickener & Sons
ADDRESS: Balto. 17, Md.

VS 150

56424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400

53 0371

53 0371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDWARD G. COLE

2. DATE OF DEATH: Jan. 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2930 Wyman Parkway
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 12 06
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2930 Wyman Parkway

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 1, 1884
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jos. F. Cole
14. MOTHER'S MAIDEN NAME: Ella Hall Greenlee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 - 03-5335
17. INFORMANT: Mrs. Zelma T. Cole — ADDRESS: 2930 Wyman Pkwy.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — 1 hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerotic Cardio-Vascular disease with Hypertension — 8 yrs

DUE TO

(C) ~~Cerebral Hemorrhage~~ — 8 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Cerebral Hemorrhage — 8 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* January 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 12.10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Cleveland Edward Day M. D.
23B. ADDRESS: 4-E-33rd St-18-
23C. DATE SIGNED: January 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Huntington Pittman, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS 150

00073

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

B-452

53 0372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0372

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie T. Bowling

2. DATE OF DEATH: Jan. 13 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4826 Gilray Drive
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Maryland 27-03
D. STREET ADDRESS (If rural, give location): 4826 Gilray Drive

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 27, 1860
9. AGE (In years last birthday): 93
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bryantown Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Bowling
14. MOTHER'S MAIDEN NAME: Mary E Morton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: F. DeSales Mudd
ADDRESS: Bryantown Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 422.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis — unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/16/ *,* 1952 *, to* 1/13/ *,* 1953 *, that I last saw the deceased alive on* 1/13/ *,* 1953 *, and that death occurred at* 1:45 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo. W. Murgatroyd M.D.
23B. ADDRESS: 401 E. 25th. St. City
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 16 1953
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetary
24D. LOCATION (City, town, or county) (State): Bryantown Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Hunt and Ryon
ADDRESS: Waldorf, Maryland

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-100

53 0373 52-28461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0373

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LARRIE LEUBA

2. DATE OF DEATH: January 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03
D. STREET ADDRESS (If rural, give location): 810 E. 35th Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 27, 1952
9. AGE (In years last birthday): If Under 1 Year: Months 1, Days 15; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Dallas Leuba
14. MOTHER'S MAIDEN NAME: Elsie Benson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Dallas Leuba ADDRESS: same above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Smith M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-1953
24C. NAME OF CEMETERY OR CREMATORY: Prospect
24D. LOCATION (City, town, or county) (State): Frederick Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: C. M. Waltz ADDRESS: Winfield, Md.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-660

53 0374

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0374

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Butler Shearer

2. DATE OF DEATH: Jan 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3209 N Charles St
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-0
D. STREET ADDRESS (If rural, give location): 3209 N Charles St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 12 1866
9. AGE (In years last birthday): 86 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Shearer
14. MOTHER'S MAIDEN NAME: Harriet J. Fox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Miss
ADDRESS:

MEDICAL CERTIFICATION

18. 420.1 and 002 X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 mo Knowledge Aug 5, 1950

DUE TO

(B) Coronary sclerosis, arteriosclerosis, arterial hypertension — "

DUE TO

(C) Bundle branch block — "

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Pulmonary tuberculosis also malignancy? — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. See C

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1950, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John A Fletcher M. D.
23B. ADDRESS: 12 E Eager St Balto 2
23C. DATE SIGNED: Jan 14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 15 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: H. [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: H. Jenkins Sons Co
ADDRESS: 4905 York Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. John Luetscher
12 E Eager St

N-143

53 0375

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0375

1. NAME OF DECEASED (Type or Print): REBECCA NEWFIELD

2. DATE OF DEATH: 1-13-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3303 Labyrinth Road
C. Length of stay in Baltimore: 54 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27
D. STREET ADDRESS (Rural, give location): 3303 Labyrinth Road

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 73 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Nathan Goodman — ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 422.2 and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

(B) Chronic myocarditis — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 10 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 2, 1948, *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan. 13, 1953, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. K. Glass M. D. M. D.
23B. ADDRESS: Truly Gardens Apt.
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: Washington Cem
24D. LOCATION (City, town, or county) (State): Brooklyn NY

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

H-655

53 0376

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0376

Registered No.

1. NAME OF DECEASED (Type or Print): William A. Herman

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3015 Kentucky Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-03
D. STREET ADDRESS (If rural, give location): 3015 Kentucky Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 31, 1888
9. AGE (In years last birthday): 64 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sales Mgr.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Snyder Co, Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin J. Herman (W)
14. MOTHER'S MAIDEN NAME: Dora Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 160-16-4742
17. INFORMANT: Mrs. Marguerite S. Herman, same
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cardio-Vascular disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Jan 14, 1953, *that I last saw the deceased alive on* Dec. 23, 1953, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: J B Stevens M. D.
23B. ADDRESS: 3400 Eudowan Ave
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Sunbury, Penna.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road.

VS 150

29069

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Stern
3400 Eckman

I 162

53 0377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0377

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Alice Moore Iverson

2. DATE OF DEATH: Jan 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3604 Mohawk
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anderson Home
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 1020 Monument St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr 29 1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Geo. W. Moore
14. MOTHER'S MAIDEN NAME: Alice M. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: G. D. Iverson 4th (son)
ADDRESS: Elliott City

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Hemorrhage (Gastroptosis) — INTERVAL BETWEEN ONSET AND DEATH: 1 month
DUE TO Hypostatic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — 5 years
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Cerebral Thrombosis — 6 mos.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/7/49, 19__, *to* Jan 10, 1953, *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* 6:0 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. Cullen Stewart M. D.
23B. ADDRESS: 62 E. Read St.
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 14 53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Stewart Morris
ADDRESS: Balto. Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-634

CERTIFICATE CORRECTED 1-14-53

53 0378 JL - 166682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0378

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Davis Bartholow

2. DATE OF DEATH: 1-12-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): ~~1208 S. Conkling St. 24~~ 2910 O'Donnell St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single Widowed
8. DATE OF BIRTH: ? April 4, ? 1874
9. AGE (In years last birthday): 78 ~~79 1~~ If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): ? Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Davis
14. MOTHER'S MAIDEN NAME: Alice Whitty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.0

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (B) ~~Myocardial~~ Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12-53, 19__, *to* Jan. 12, 19 53 *that I last saw the deceased alive on* 1-12-53, 19__, *and that death occurred at* 6.30 pm *from the causes and on the date stated above.*

23A. SIGNATURE: H. J. Blum M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 1-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John P. Denny, Inc.
ADDRESS: 715 Light St.

VS 150

To be approved by Medical Examiner.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

R H Fisher

..... M.D.

CHIEF OR ASST. MEDICAL EXAMINER

L-600
53 0380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0380
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lohr, Rosa May.

2. DATE OF DEATH: 13 JAN 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital.
C. Length of stay in Baltimore: 50 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore #11 13-06
D. STREET ADDRESS (If rural, give location): 3456 Hickory Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2 Mar 1877
9. AGE (In years last birthday): 75
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spooler
10B. KIND OF BUSINESS OR INDUSTRY: Cotton Mill
11. BIRTHPLACE (State or foreign country): Frederick County Md.
12. CITIZEN OF WHAT COUNTRY? USA. ✓
13. FATHER'S NAME: John L. Lohr.
14. MOTHER'S MAIDEN NAME: Agnes Favorite
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Samuel A. Lohr (ADDRESS) 3456 Hickory Ave.

MEDICAL CERTIFICATION

18. 293X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

(B) Anemia, Severe

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Malnutrition

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Arteriosclerotic Heart disease.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Jan, 1953, *to* 13 Jan, 1953, *that I last saw the deceased alive on* 13 Jan, 1953, *and that death occurred at* 9:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thos. A. Mosley, M. D.
23B. ADDRESS: Union Memorial Hospital.
23C. DATE SIGNED: 13 Jan 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 16-1953
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's (Hampden)
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3231 Falls Road
Horace F. Burgee

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-653

53 0379

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0379

Registered No.

1. NAME OF DECEASED (Type or Print): Grant, Walter H.

2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 738 W. Vine Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 14-1890
9. AGE (In years last birthday): 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: Office Bldg
11. BIRTHPLACE (State or foreign country): Norfolk Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Henrietta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ruth Grant
ADDRESS: 738 W. Vine St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occulsion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic congestive failure

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

William V. Lowe M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 13, 1953 *to* January 13, 1953 *that I last saw the deceased alive on* Jan. 13, 1953, *and that death occurred at* 9:55 am., *from the causes and on the date stated above.*

23A. SIGNATURE: John M. Geiger M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-16-53
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan Jr
ADDRESS: 1011 N. Arlington Ave

780 74

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-256

53 0381

KECZMERSKI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0381

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna Keczmerski

2. DATE OF DEATH: Jan 11 / 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 2217 Essex Street
C. Length of stay in Baltimore: 55 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-04
D. STREET ADDRESS (If rural, give location): 2217 Essex Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec 26 1867
9. AGE (In years last birthday): 85
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Julian Kofman
14. MOTHER'S MAIDEN NAME: Antonina Cgajkowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John T. Keczmerski
ADDRESS: 6900 Holabird Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

443X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/8, 1952, *to* Jan. 9, 1953 *that I last saw the deceased alive on* Jan. 9, 1953, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph R. Lubiak M. D.
23B. ADDRESS: 3508 Bank St.
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 15/1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Balto. County

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. A. Weber
ADDRESS: 401 S. Chester Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

Du Liberta
3508 Bauds AT PE 8819

5-365

53 0382

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0382

Registered No.

1. NAME OF DECEASED (Type or Print): CATHERINE FOUNTAIN STORMER

2. DATE OF DEATH: Jan.12,1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write "URA" and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2224 Aiken Street - 18

9-08

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 5, 1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own home.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Daniels
14. MOTHER'S MAIDEN NAME: Ella Dare

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Lillian Kautsch, 1685 Darley Avenue

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Accident , Hypertensive
DUE TO cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 11, 1953 *to* Jan. 12, 1953 *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 10:20PM, *from the causes and on the date stated above.*

23A. SIGNATURE: R. Flaim M. D.
23B. ADDRESS: 1400 N. Caroline Street - 13
23C. DATE SIGNED: Jan.12,1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD.

Henry F. Sander

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-620
53 0383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0383
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FLORINE HARRIS

2. DATE OF DEATH: JAN. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1913 EUTAW PLACE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLYNDON
D. STREET ADDRESS (If rural, give location): PROSPECT AVE

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APR. 9, 1873
9. AGE (In years last birthday): 79
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: DUNCAN M. TURNER
14. MOTHER'S MAIDEN NAME: ROSE MADDOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no.
17. INFORMANT: MR DUNCAN HARRIS. ADDRESS: GLYNDON MD

MEDICAL CERTIFICATION

18. 260 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Diabetes; ARTERIOSCLEROSIS.
DUE TO
(B) Hypertensive Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetic gangrene foot

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: Gangrene foot Sclerosis vessels
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1947 *to* JAN. 12, 1952, *that I last saw the deceased alive on* JAN 12, 1953, *and that death occurred at* 12 45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: John A. Wells M.D. M. D.
23B. ADDRESS: 606 Sycamore Rd. Apt 12
23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: New CATHEDRAL
24D. LOCATION (City, town, or county) (State): EDMONDSON AV. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR: Mildred J. Blight
ADDRESS: 600 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-622

53 0384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0384

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CATHERINE SIERAKOWSKI

2. DATE OF DEATH: January 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): 34 years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 842 S. Bond Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 17, 1918
9. AGE (In years last birthday): 34
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Box Factory
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Sierakowski
14. MOTHER'S MAIDEN NAME: Mary Sokolowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-10-5738
17. INFORMANT: Frank Syrakowski, same
ADDRESS:

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage, spontaneous

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Woods M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 16-1953
24C. NAME OF CEMETERY OR CREMATORY: St Stanislaus
24D. LOCATION (City, town, or county) (State): 1310 Dundalk ave

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington [illegible]
25. FUNERAL DIRECTOR: Frederick A Weber
ADDRESS: 705 S Bond

VS 151

9704K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-314

53 0385

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0385

1. NAME OF DECEASED (Type or Print): A. Augusta Stoffel

2. DATE OF DEATH: Jan 13, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Dr. Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. Hospital 2724 N. Charles

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 24-03

D. STREET ADDRESS (If rural, give location): 1212 Battery Ave

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 7, 1870

9. AGE (In years last birthday): 82

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Louis Oest

14. MOTHER'S MAIDEN NAME: Dent Kuon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs Geldie Landis

ADDRESS: 1212 Battery Ave

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-Vascular Disease — many years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 13, 1953 *that I last saw the deceased alive on* Jan 13, 1953, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr Walter Kohn M. D.

23B. ADDRESS: 1026 Fort Ave

23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan 16, 1953

24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill

24D. LOCATION (City, town, or county) (State): Md. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: C. Leonard Evans

ADDRESS: 1400 N. Charles St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

53 0386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0386

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John L. Smith Sr.

2. DATE OF DEATH: 1/11/53

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen Hosp.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 25-82

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 30 Md.

D. STREET ADDRESS (If rural, give location): 919 Hanover St

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 9.13.99

9. AGE (In years last birthday): 53.

If Under 1 Year: Months / Days

If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY: DuPont Co.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John L. Sr Const.

14. MOTHER'S MAIDEN NAME: Katherine O'Rourke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Family - Same

ADDRESS

MEDICAL CERTIFICATION

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Ca of Liver

DUE TO

(C) Ca of Lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ca metastasis to Mesenteric Lymph Nodes

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1953, *to* Jan. 11, 1953, *that I last saw the deceased alive on* Jan. 13, 1953, *and that death occurred at* 9:05 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: W M Conway MD M. O.

23B. ADDRESS: South Baltimore Gen Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): B.

24B. DATE: 1.15.53

24C. NAME OF CEMETERY OR CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: James L. McCleary

ADDRESS: 130 E. Fort Ave.

VS 150

57424

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

M-323

53 0387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0387

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pansy Metzdorf

2. DATE OF DEATH: 1-11-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Pasadena 5300
D. STREET ADDRESS (If rural, give location): Ft. Smallwood Rd., Pasadena, Md.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-13-1889
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Deceased John R. Thomas
14. MOTHER'S MAIDEN NAME: Louisa O'Brien

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia
DUE TO Hypertensive Arteriosclerotic Cardio Vasc. Renal disease
(B)
DUE TO Diabetes Mellitus
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Cholelithiasis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3, 1953, *to* 1-11, 1953, *that I last saw the deceased alive on* 1-11, 1953, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry L. Kemp M.D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 1-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 1/14/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: James L. McCully
ADDRESS: 130 East Fort Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-460

53 0388

53 0388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Malinda Fuller

2. DATE OF DEATH: Jan. 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 914 Harlem Ave.
C. Length of stay in Baltimore: Yrs. 00 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-01
D. STREET ADDRESS (If rural, give location): 914 Harlem Ave.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1899
9. AGE (In years last birthday): 53
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prince Geo. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Forrest
14. MOTHER'S MAIDEN NAME: Mary Forrest

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-20 8385
17. INFORMANT: Husband
ADDRESS: 914 Harlem Ave.

MEDICAL CERTIFICATION

18. 331X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebal hemorrhage — 3 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension & arteriosclerosis — 10 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8-, 1953, *to* 1-12-, 1953 *that I last saw the deceased alive on* 1-12-, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Stricker St.
23C. DATE SIGNED: 1-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 16, 1953
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph S. Russ
ADDRESS: 1206 Druid Hill Ave.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-426 CERTIFICATE CORRECTED 1-22-53

53 0389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 0389

BIRTH NO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): JOHN WILKERSON

2. DATE OF DEATH: 11, 1/12/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-02
D. STREET ADDRESS (If rural, give location): 1149 N. Stricker Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 28, 1928
9. AGE (In years last birthday): 23 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omega Va.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Richard Savage
14. MOTHER'S MAIDEN NAME: Rozella Savage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 219 28 9270
17. INFORMANT: Wife ADDRESS: 1149 N. Stricker

MEDICAL CERTIFICATION

18. E981X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Gunshot wound of brain
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): West side of Perry St.-75' south of Laurens
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 11, 1953 12:59 P.M.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Firearms

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X] undetermined [ ].*

23A. SIGNATURE: B. H. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 16
24C. NAME OF CEMETERY OR CREMATORY: National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph L. Pryce
ADDRESS: 1206 Druid Hill Ave.

VS 151 N803.4 5443L

H-550

53 0390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0390

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FREDA HYMAN

2. DATE OF DEATH: 1/14/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-47
D. STREET ADDRESS (If rural, give location): 2304 Druddish Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Latvia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ISAAC HEYMAN
14. MOTHER'S MAIDEN NAME: MIRIAM LURIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Benjamin Hyman — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ac. Pulmonary Edema
DUE TO
(B) Lymphosarcoma
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

200.1

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/53, 19__, *to* 1/14/53, 19__, *that I last saw the deceased alive on* 1/14/53, 19__ *and that death occurred at* 3:35 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Samuel W. Deisher M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Young men
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Max Levin
ADDRESS: 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

H-620

53 0391
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0391

1. NAME OF DECEASED (Type or Print): Bessie Harris

2. DATE OF DEATH: Jan 13, 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Lutheran Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-09
D. STREET ADDRESS (If rural, give location): 3915 Fairview Ave. 15th

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 81
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hyman
14. MOTHER'S MAIDEN NAME: Alma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward & Albert Harris
ADDRESS: 4111 Woodhaven Ave

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Accident. — left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis. — About 1 year

DUE TO

(C) HASCVD (Hypertensive, arterio-sclerotic cardiovascular disease) — About 7 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 31, 1952, *to* Jan 14, 1953 *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 1:15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: F. H. Chance M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: Jan 14 '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Levin Sr.
ADDRESS: 2100 Eutaw Pl

VS 150

70370

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-123 For Approval Medical Examiner

53 0392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0392

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Minnie Webster

2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: 64 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2605 Washington Blvd.

25-52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	M	5-31-1889	64				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Mary Disharoon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. E 900.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C-V Disease 3 years

DUE TO

(C) RH Fisher

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

① Compd. Comminuted fracture, rt. ly.
② Tri-malleolar fracture, left ankle.

19A. DATE OF OPERATION: 12-15-52

19B. MAJOR FINDINGS OF OPERATION: Bilateral fractures, both legs

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2605 Washington Blvd.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 15-52 2:00 p.m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21F. HOW DID INJURY OCCUR? Fell down cellar stairs

22. I hereby certify that I attended the deceased from 12-15, 1952, to 1-13, 1953, that I last saw the deceased alive on 1-13, 1953, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Stephen K. Padussis M. D.

23B. ADDRESS: St. Agnes Hospital

23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan 16, 1953

24C. NAME OF CEMETERY OR CREMATORY: Veal Island Cemetery

24D. LOCATION (City, town, or county) (State): Veal Island Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: James D. Denman

ADDRESS: 1241 Somerset Ave. Princess Anne, Md.

VS 150

N 823.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

G-651 GREENEBAUM

53 0393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0393

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Max Greenebaum

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bar-Wil-Ba Convalescent Home 2101 W. Cold spring La.
C. Length of stay in Baltimore: Yrs. Mos. Days 60

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1910 W Worth
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 15-04
D. STREET ADDRESS (If rural, give location)

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: Sept 5 1885
9. AGE (In years last birthday): 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BALTO WATER DEPT
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Greene LABINER
14. MOTHER'S MAIDEN NAME: Sarah Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

DUE TO

(B) Myocardial Degeneration — 6 mos

DUE TO

(C) Generalized Debility — 6 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1951, *to* Jan 9, 1953, *that I last saw the deceased alive on* Jan 9, 1953, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas L. Phillips M. D.
23B. ADDRESS: 558 McMechen St
23C. DATE SIGNED: 1/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion
24D. LOCATION (City, town, or county) (State): Balto County

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: 154 Pa Ave. W. Brown Son
ADDRESS: 970 931 08 W Montgomery St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-634 Shortely

53 0394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0394

BIRTH NO. 52-24693

1. NAME OF DECEASED (Type or Print): Elizabeth Ann Shortely

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 701 N Calvert St.

11-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct/14/1952
9. AGE (In years last birthday): If Under 1 Year: Months 3 Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Junnius Shortely
14. MOTHER'S MAIDEN NAME: Mary Isabel Posemo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Isabelle Shortely ADDRESS: 701 N. Calvert St.

MEDICAL CERTIFICATION

18. 493X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Meningitis etiology (?)

DUE TO

ANTECEDENT CAUSES

(B) Pneumonia - intracranial hemorrage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1953, *to* Jan 14, 1953 *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred J. Lancey M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/53
24C. NAME OF CEMETERY ~~OR CREMATORY~~: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Jr. ADDRESS: 1217 St. Paul St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

430
53 0395

BIRTH NO. HILARY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0395

1. NAME OF DECEASED (Type or Print): Hilary Wilt

2. DATE OF DEATH: 1/14/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07
D. STREET ADDRESS (If rural, give location): 714 Barry St. #11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/7/93
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10B. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ? ? ?
14. MOTHER'S MAIDEN NAME: ? ? ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: ? ?
17. INFORMANT: Hosp. Records — ADDRESS ✓

MEDICAL CERTIFICATION

18. 410X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Multiple pulmonary emboli

DUE TO

(B) Thrombosis in both auricles

DUE TO

(C) Rheumatic HD with Mitral Stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13-[illegible], 1953 *to* 1-14, 1953 *that I last saw the deceased alive on* 1-14, 1953, *and that death occurred at* 2:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Samuel [illegible] M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 1-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Philos Cem.
24D. LOCATION (City, town, or county) (State): Westernport Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.
6502, for H. E. Lewis

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

P-2.50

53 0396

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0396

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Baldassare Piccione
BALDASFARO PICCIONE

2. DATE OF DEATH: Jan.13,1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: 44 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.,
D. STREET ADDRESS (If rural, give location): ~~1925 E. Lanvale Street~~ 1915 E.Lanvale Street - 13

8-06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-21-1891
9. AGE (In years last birthday): 61 — If Under 1 Year: Months 8, Days 22 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Giovannino Piccione
14. MOTHER'S MAIDEN NAME: Marie F.Polica
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 218-05-1405
17. INFORMANT: Mrs.Mary F.Piccione
ADDRESS: 1915 E.Lanvale Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Accident - Hypertensive

DUE TO Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1953 *to* Jan. 13, 1953, *that I last saw the deceased alive on* Jan. 13, 1953, *and that death occurred at* 3:15am *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. J. Báez M. D.
23B. ADDRESS: 1400 N. Caroline St. - 13
23C. DATE SIGNED: Jan.13,1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Belair Rd.Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 14 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George J.Ruth,Inc.
ADDRESS: 1735 Harford Avenue

VS 150

97024

C-455

53 0397

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 53 0397

1. NAME OF DECEASED (Type or Print): JOSEPH COLEMAN

2. DATE OF DEATH: January 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Public Health Service Hospital
Wyman Park Drive and 31St St.
C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY: V-27
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bridgeton
D. STREET ADDRESS (If rural, give location): Route #2

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/10/85
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Ebbie Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-18-4619
17. INFORMANT: Records - USPHS Hospital, Balto., Md.
ADDRESS:

MEDICAL CERTIFICATION

18. 231 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lung tumor, left with hemothorax — 2 mos.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/6/52, 19__, *to* 1/12/, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 2:15a *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. A. Hunter, M. D.
J.A. Hunter, Clinical Director
23B. ADDRESS: US PHS Hospital, Balto, Md.
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Bridgeton, N.J.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: H. Lington Williams, M.D.
25. FUNERAL DIRECTOR: Randolph J. Wollick
ADDRESS: 1412 Preston St.

VS 150

91012

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-250

53 0398

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0398

1. NAME OF DECEASED (Type or Print): HAL JACKSON

2. DATE OF DEATH: 1/13/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: 9 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: WICOMICO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SALISBURY
D. STREET ADDRESS (If rural, give location): 718 S Park Drive

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 9/7/06
9. AGE (In years last birthday): 54 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Rep.
10B. KIND OF BUSINESS OR INDUSTRY: General Electric
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank H Jackson (W) ELEC. APP.
14. MOTHER'S MAIDEN NAME: Georgia Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: University Hospital — ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 274X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lower Nephron Nephrosis

DUE TO

(B) Essential Hypertension

DUE TO

(C) Hyperplasia of Adrenal Gland

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/31/52
19B. MAJOR FINDINGS OF OPERATION: Hyperplasia of left adrenal gland
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/53, 19__, *to* 1/13/53, 19__, *that I last saw the deceased alive on* 1/13, 19__ *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel W. Fisher M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-14-53
24C. NAME OF CEMETERY OR CREMATORY: Wicomico Cemetery
24D. LOCATION (City, town, or county) (State): Salisbury, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holloway & Co.
ADDRESS: Salisbury, Md.

VS 150

29064

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 623
53 0399

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0399

1. NAME OF DECEASED (Type or Print): John August

2. DATE OF DEATH: June 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Med. Ord 6
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 22
D. STREET ADDRESS (If rural, give location): 7231 Holabird Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-6-79
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas August
14. MOTHER'S MAIDEN NAME: Elizabeth Bowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. 001 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Silicotuberculosis of lungs — INTERVAL BETWEEN ONSET AND DEATH: 3-4 mo.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-, 1952 to 1-14-, 1953 that I last saw the deceased alive on 1-14-, 1953 and that death occurred at 11:15 a m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas Franklin Williams M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: SKYVIEW MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): SCHUYKILL CO. PA.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William J. Tschner & Sons
ADDRESS: No. Pa. Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-540
53 0400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0400

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ted Connell

2. DATE OF DEATH: Jan 14, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Ohio
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Phila.
D. STREET ADDRESS (If rural, give location): 602 Ray Ave N.W.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-25-35
9. AGE (In years last birthday): 17 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey Connell
14. MOTHER'S MAIDEN NAME: Mable Kridler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. 754.5

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Irreversible shock

DUE TO

(B) Hemorrhage following repair of coarctation of aorta

DUE TO

(C) Subacute bacterial endocarditis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH:

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: none

19A. DATE OF OPERATION: 12/23/52 1/13/53
19B. MAJOR FINDINGS OF OPERATION: Coarctation of aorta
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1952 *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14, 1953 *and that death occurred at* 2.00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: James V. Maloney Jr. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: JAN. 14 1953
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): NEW PHILADELPHIA OHIO

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Wilkins Sr. M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 York Rd.

VS 150

M-620

53 0401
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0401

1. NAME OF DECEASED (Type or Print): GEORGE MARX

2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~Anne Arundel~~
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Jessup~~ 6-03
D. STREET ADDRESS (If rural, give location): ~~House of Correction~~ 422 N. Bradford St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7-1906
9. AGE (In years last birthday): 47
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Davis Construction Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marx
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Marx ADDRESS: 422 N. Bradford St

MEDICAL CERTIFICATION

18. E822.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed chest

~~NDEXTOX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Massive mediastinal and cervical

~~NDEXTOX~~ interstitial hemorrhage

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): House of Correction
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Jessup, Maryland 5200
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): January 11, 1953 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Passenger thrown from truck when it ran into ditch & turned over

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: William Gault M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 17-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 151

N862.2 93524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-632

53 0402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0402

1. NAME OF DECEASED (Type or Print): CATHERINE CRADOCK

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garrison Forest
D. STREET ADDRESS (If rural, give location): Cradock Lane

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 29 1863
9. AGE (In years last birthday): 89
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Cradock
14. MOTHER'S MAIDEN NAME: Sullie Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Arthur Cradock Same
ADDRESS:

MEDICAL CERTIFICATION

18. E982X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Craniocerebral injury
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Cradock Lane
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 6, 1953 1:00 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Struck on head with axe

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 15 1953
24C. NAME OF CEMETERY OR CREMATORY: St Thomas
24D. LOCATION (City, town, or county) (State): Garrison Forest

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. H. Jenkins & Sons Co
ADDRESS: 4905 York Rd

VS 151 N803.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652
53 0403

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0403
Registered No.

1. NAME OF DECEASED (Type or Print): Augustus Aarons

2. DATE OF DEATH: Jan 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3324 W. Garrison Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3324 W. Garrison Ave.
c. Length of stay in Baltimore 40 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 3324 W. Garrison Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 28, 1885
9. AGE (In years last birthday): 67yrs — If Under 1 Year: Months 9, Days 16, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milinery
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Phila. Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Solomon Aarons
14. MOTHER'S MAIDEN NAME: Rachel D. Wolf
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-03-6379
17. INFORMANT: Rose Aarons, 3324 W. Garrison Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial insufficiency — 1 yr.
DUE TO
ANTECEDENT CAUSES
(B) Arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943 *to* Jan. 13, 1953 *that I last saw the deceased alive on* Jan. 12, 1953 *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sidney L. Levy M. D.
23B. ADDRESS: 2322 Eutaw Place
23C. DATE SIGNED: 1-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 15, 1953
24C. NAME OF CEMETERY OR CREMATORY: Balto. Hebrew
24D. LOCATION (City, town, or county) (State): Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: David R. Martin
ADDRESS: David R. Martin, 1902 Eutaw Place

VS 150

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 320

AB-166344

53 0404

BIRTH NO. 32-31546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0404

1. NAME OF DECEASED (Type or Print): Baby Boy Matthews

2. DATE OF DEATH: Jan. 5-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1711 Druid Hill Ave. zone 17

14-07

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 30-1952
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 7 / If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Hayward Matthews
14. MOTHER'S MAIDEN NAME: Lillie Mae Henson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records: ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 751X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity — Life
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Meningocele — Life
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30-, 19 52 *to* 1-5-, 19 53 *that I last saw the deceased alive on* 1-5-, 19 53, *and that death occurred at* 10.15PM *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 1-6-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 1.7.53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore City Hospital
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 620

CERTIFICATE CORRECTED 2-19-53

AB-164425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0405

BIRTH NO. 53 0405 22-22200

1. NAME OF DECEASED (Type or Print): Rose Mary Harris Haries

2. DATE OF DEATH: Jan. 5-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 625 W. Baltimore St. zone 2

4-02

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 21, 1952?
9. AGE (In years last birthday): If Under 1 Year: Months 4 1 Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert
14. MOTHER'S MAIDEN NAME: Helen Mary Elizabeth Haries

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME AND ADDRESS: Baltimore City Hospitals Records: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

587.2

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cystic Fibrosis Of The Pancreas

DUE TO

ANTECEDENT CAUSES

(B) Pneumonitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26- *, 19*52*, to* 1-5- *, 19*53 *that I last saw the deceased alive on* 1-5- *, 19*53*, and that death occurred at* 8.34 AM *, from the causes and on the date stated above.*

23A. SIGNATURE: H. Jakun Dr. M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 1-6-1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 1.8.53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore City Hospital
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

0 4 0 1

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-516
53 0406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0406

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN MONTGOMERY GAMBRILL
2. DATE OF DEATH: 1-13-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSP.
C. Length of stay in Baltimore: 10 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE.
D. STREET ADDRESS (If rural, give location): 2942 Wyman Parkway

12-06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9, 1880
9. AGE (In years last birthday): 72
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): University Professor
10B. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Gambrill
14. MOTHER'S MAIDEN NAME: Elizabeth Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Olive Gambrill
ADDRESS: Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

(B) coronary sclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

420.1

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1953 *to* Jan 13, 1953 *that I last saw the deceased alive on* Jan 13, 1953 *and that death occurred at* 3:20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J D Hubbard M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Jan 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd Cem
24D. LOCATION (City, town, or county) (State): Howard Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Lodahn
ADDRESS: Funeral Home 7401 Belair Rd

VS 150

0278V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620

53 0407

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0407

1. NAME OF DECEASED (Type or Print): Virginia C. Brock

2. DATE OF DEATH: Jan. 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bar-Wil-Bar Convalescent Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 2 Lincoln Ave

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 11, 1898
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Brooks
14. MOTHER'S MAIDEN NAME: Amanda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Samuel Brock
ADDRESS: 2 Lincoln Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs 10 months + 4 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8-, 1947 *to* 1-12-, 1953 *that I last saw the deceased alive on* 1-12-, 1953 *and that death occurred at* 10.25 *a.m. from the causes and on the date stated above.*

23A. SIGNATURE: C. F. Maloney M. D.
23B. ADDRESS: 57 Winter Lane - 28
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: Atlantic Memorial
24D. LOCATION (City, town, or county) (State): Atlantic Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie B. Williams
ADDRESS: 322 N Schroeder St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and legible. Physicians: please write the causes of death clearly and legibly.

B-650

53 0408

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0408

1. NAME OF DECEASED (Type or Print): CHARLOTTE L. BREEN

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 923 Hewitt Way

26 5 34

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 19, 1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Leonard
14. MOTHER'S MAIDEN NAME: Blanche Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James Breen, ADDRESS: 923 Hewitt Way

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4221

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24D. LOCATION (City, town, or county) (State): Newfield, New Jersey

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-435

53 0409

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0409

1. NAME OF DECEASED (Type or Print): LYLES DUNBAR BALDWIN

2. DATE OF DEATH: JAN. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3704 N. CHARLES ST.
C. Length of stay in Baltimore: 10 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: ANNE ARUNDEL
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINES ON THE SEVERN
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 13, 1885
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM H. BALDWIN
14. MOTHER'S MAIDEN NAME: IVA LYLES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 198-05-7273
17. INFORMANT: ALLENA R. BAKER — ADDRESS: SAME

MEDICAL CERTIFICATION

18. 180 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adenocarcinoma, Kidney with — 1 yr.
DUE TO Pulmonary Metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 7, 1953, *to* Jan. 13, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M. D.
23B. ADDRESS: 501 Sheridan Ave
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-16-1953
24C. NAME OF CEMETERY OR CREMATORY: LORRAINE PARK
24D. LOCATION (City, town, or county): BALTO. CO. (State): MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO. — ADDRESS: 4905 YORK RD

VS 150

533 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. W.H. KAMMER JR
501 SHERIDAN AVE
612 W. 40TH ST

T-651
53 0410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0410

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth M. Trompeter

2. DATE OF DEATH: Jan. 15 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1438 N. Milton Ave.

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1438 North Milton Ave.

8-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1881
9. AGE (In years last birthday): 71
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Antmann
14. MOTHER'S MAIDEN NAME: Margaret Rau

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John J. Trompeter ADDRESS: 1438 N. Milton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 July 1953, to 15 Jan 1953, that I last saw the deceased alive on 15 Jan 1953, and that death occurred at 12:45 A m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1513 N Mt Vernon
23C. DATE SIGNED: 16 Jan 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-19-53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd. - Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John C. Mollo Inc.
ADDRESS: 2431 E. Oliver St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 350
53 0411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0411

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM LEHMAN GUYTON, SR.

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1911 Boone St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 9-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1911 Boone St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 7, 1863
9. AGE (In years last birthday): 89 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Asbury Guyton
14. MOTHER'S MAIDEN NAME: Cecilia Shearman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Clara Guyton — ADDRESS: 1911 Boone St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis — 6 days
DUE TO
ANTECEDENT CAUSES
(B) —
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/7, 1953 *to* 2/13, 1953 *that I last saw the deceased alive on* 2/12, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Willis Guyton M. D.
23B. ADDRESS: 3961 Greenmount Ave
23C. DATE SIGNED: 1/14/53.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-130

53 0412

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0412

Registered No.

1. NAME OF DECEASED (Type or Print): ADDIE J. SWIFT

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4835 Windosr Mill Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4835 Windosr Mill Rd.

28-03

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 9, 1878
9. AGE (In years last birthday): 74
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter (rtd
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adnorn J.Swift
14. MOTHER'S MAIDEN NAME: Mary Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-3273
17. INFORMANT: Mrs. Ida B. Swift
ADDRESS: 4835 Windsor Mill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1953, *to* Jan 13, 1953, *that I last saw the deceased alive on* 1/12, 1953, *and that death occurred at* 5.55A m., *from the causes and on the date stated above.*

23A. SIGNATURE: George E. Shannon M. D.
23B. ADDRESS: 820 medical arts bldg.
23C. DATE SIGNED: 1/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm J. Pickner & Sons
ADDRESS: Balto. 17, Md.

VS 156

56424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-5545

53 0413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0413

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Jacob) Mr. J. Weldon Townsend

2. DATE OF DEATH 1-13-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
4320 Elderon Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Elderon
D. STREET ADDRESS (If rural, give location) 4320 Elderson Ave.

2-8-41

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 26, 1910
9. AGE (In years last birthday): 42
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist ~~[illegible]~~
10B. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Britton Townsend
14. MOTHER'S MAIDEN NAME: Mary Anna Goodman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marie L. Townsend
ADDRESS: 4320 Elderon Ave.

MEDICAL CERTIFICATION

18. 42011

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1- 1940 *to* 1-13, 1953, *that I last saw the deceased alive on* 1-13-, 1953, *and that death occurred at* 9:20 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Howard W. Warner M. D.
23B. ADDRESS: 2604 Garrison Blvd
23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: MT. OLIVE
24D. LOCATION (City, town, or county) (State): RANDALLSTOWN, MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17, Md

VS 150

5443A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L 300
53 0414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0414

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Beatrice D. Lott

2. DATE OF DEATH: 1/14/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square
C. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glen Burnie
D. STREET ADDRESS (If rural, give location): PT PLESENT. R 2 Box 198

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (Married)
8. DATE OF BIRTH: 2/12/1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK
11. BIRTHPLACE (State or foreign country): QUEEN ANN MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence GALE
14. MOTHER'S MAIDEN NAME: Blonch Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: GILBERT E. LOTT. ADDRESS: GLEN BURNIE MD

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 463 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolis — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

(B) Thrombophlebitis, both lower legs — 2 wk.

DUE TO

(C) Varicose veins — yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Generalized arteriosclerosis c. chronic myocardial failure

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/8, 1953, *to* 1/14, 1953, *that I last saw the deceased alive on* 1/14, 1953, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. O.
23B. ADDRESS: Franklin Square Hosp.
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Chas. P. Towell 6411 ADDRESS: Windsor Mill Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A&Co. 5-31 250B

520
53 0415

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 0415

CERTIFICATE OF DEATH

442X

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 W 23rd St., ... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth ....yrs. ....mos. ....ds.

12 07

2. FULL NAME JOSEPH SMITH JONES

(a) Residence: No. 436 - W 23rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: WHITE

5. ~~Single, Married, Widowed,~~ or ~~Divorced (write the word)~~: DIVORCED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 89 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Engr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) FAWN TWP
(State or country) YORK CO., PA.

FATHER

13. NAME JOHN R. JONES

14. BIRTHPLACE (city or town) PENNA.
(State or country)

MOTHER

15. MAIDEN NAME MARTHA SMITH

16. BIRTHPLACE (city or town) PENNA.
(State or country)

17. INFORMANT Mildred Jones
(Address) 436 W 23rd St. Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Centre Cemetery Date Jan 18, 1953

19. UNDERTAKER Kenneth W. Graham
(Address) Stewartstown, Pa.

20. FILED JAN 15 1953 19.... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1953

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1952, 1952 to Jan. 15 1953, 1953

I last saw him alive on Jan 10 1953, 1953 death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal disease	2 yrs.

Other contributory causes of importance:

Senility.	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) George E. Cross, M. D.

(Address) 218 W 21st St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

_____

_____

_____

_____

_____

H 620
53 0416

BIRTH NO. 52-28043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0416

1. NAME OF DECEASED (Type or Print): WALTER HARRIS

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 617 W. Mulberry Street

4-06

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Nov. 19, 1952
9. AGE (In years last birthday): If Under 1 Year: Months 7 mos. Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Baby
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Harris Sr.
14. MOTHER'S MAIDEN NAME: Bessie Butler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bessie Harris ADDRESS: 617 W. Mulberry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 391.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bilateral acute otitis media
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balt. City Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson
ADDRESS: 916 Penna. Ave.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

53 0417

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0417

Registered No. 3698

1. NAME OF DECEASED (Type or Print): Julia Smith

2. DATE OF DEATH: Jan 14, 1953

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1605 Mosher st
C. Length of stay in Baltimore: 45 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 16-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1605 Mosher st

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1885
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: Patsey Commodore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or noknowo) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maude Wright — ADDRESS: 1605 Mosher st

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis + hypertension — "

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1952 *to* 1-14, 1953 *that I last saw the deceased alive on* 1-13, 1953, *and that death occurred at* 11:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Stricker St.
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington W. Davis, M.D.
25. FUNERAL DIRECTOR: Roy D. Kelson — ADDRESS: 1303 Prestman st

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J 250

53 0418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0418

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Caroline Jackson

2. DATE OF DEATH: January 13 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1102 Rutland Ave
C. Length of stay in Baltimore: 1 months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 1102 Rutland Ave.

807

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 12, 1878
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Jordan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillian Cline — ADDRESS: 1102 Rutland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

331X

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Hypostatic pneumonia	2 weeks
DUE TO (B)	Cerebral hemorrhage	8 months
DUE TO (C)	hypertension	10 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952 *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan 13, 1953, *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. W. McDaniel M. O.
23B. ADDRESS: 807 N. Carolina St
23C. DATE SIGNED: 1-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan. 15/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Norfolk Virginia

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott & Daughter
ADDRESS: 1129 N. Carolina St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 630
53 0419

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0419

1. NAME OF DECEASED (Type or Print): ANNIE NORWOOD

2. DATE OF DEATH: January 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 25 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 704 W. Redwood Street

4-02

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.P.
8. DATE OF BIRTH: 1/9/1909
9. AGE (In years last birthday): 44
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Tarboro, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Jones
14. MOTHER'S MAIDEN NAME: Jane Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Paul Jones
ADDRESS: 545 N Carey St

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Massive pontine hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Sowers M.D.
23B. CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Carl Harper
ADDRESS: 372 Carrollton Ave

VS 151

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620

JL -166580

53 0420 53-00481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0420

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby GirlGeorge -Johnnie

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 1 day (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1915 E. Hoffman St.

8-07

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 8, 1953
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 1; If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otis George
14. MOTHER'S MAIDEN NAME: Johnnie Kee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Balto. C. Hosp Records, ADDRESS: 4940 Eastern Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

762.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Anoxia , Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 8, 19 53 *to* Jan. 9, 19 53 *that I last saw the deeeased alive on* an. 9, 19 53, *and that death occurred at* 8.10AM, *from the causes and on the date stated above.*

23A. SIGNATURE: H. Johns Pan M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 1-13-53
24C. NAME OF CEMETERY OR CREMATORY: B. C. H. Crematory
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

0419

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

T-252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0431

BIRTH NO. 53 0431

1. NAME OF DECEASED (Type or Print): John Tsinguris

2. DATE OF DEATH: 1-12-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
c. Length of stay in Baltimore: 20 years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto - Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write "R.D." and give township): 27-44
D. STREET ADDRESS (If rural, give location): 5502 Alban Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1901
9. AGE (In years last birthday): 50 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Const.
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nick Klicos — ADDRESS

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral Embolism — 12 Jan 53
DUE TO
(B) Attacks Angestine Heart Failure — 1952
DUE TO
(C) Coronary Thrombosis — 1950

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* Jan. 22, 1953 *that I last saw the deceased alive on* Jan. 22, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: James E. White M.D. M. O.
23B. ADDRESS: 5214 Harford Rd
23C. DATE SIGNED: Jan 6 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-15-53
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Bambros
ADDRESS: Funeral Home 440 E. North Ave.

56424

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-150
53 0422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0422

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALFRED J. NEFF

2. DATE OF DEATH: JAN-14-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3605-9th St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE —
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE MD
D. STREET ADDRESS (If rural, give location): 3605-9th St. 25-04

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY-11-1901
9. AGE (In years last birthday): 51
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: FORT HOWARD Const.
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN NEFF
14. MOTHER'S MAIDEN NAME: MARY HOFFMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-9431
17. INFORMANT: CLARA L NEFF
ADDRESS: 3605-9th St

MEDICAL CERTIFICATION

18. 42011

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion & Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C.V. Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct-1951, 19__, *to* Jan 14, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul Lubini M. D.
23B. ADDRESS: 320 Druapeed Ave
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS
24D. LOCATION (City, town, or county) (State): A A Co

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Bernard C. Hasle
ADDRESS: 121 E WEST St

VS 150

51024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

5-325
Med Ex. Case Released to Hospital
53 0423 53 0423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elsie Staten

2. DATE OF DEATH: Jan 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Acc Room
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-02
D. STREET ADDRESS (If rural, give location): 281 N. Eutaw St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH
9. AGE (In years last birthday): 56 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archie Colling
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas Guinn ADDRESS: 1208 Nolan Ct

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
R. B. Fisherow
CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Kyphoscoliosis, severe

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 1953 *to* 1-11, 1953 *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4.05 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Carl H. Johnson M. D.
23B. ADDRESS: Johns Hopkins Hospital
23C. DATE SIGNED: 1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/15/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Hunter Williams M.D.
25. FUNERAL DIRECTOR: Edwin O. Wilson ADDRESS: 1011 Brantly Ave

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 615
53 0424

CERTIFICATE CORRECTED 1-20-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0424

BIRTH NO. 52-29109

1. NAME OF DECEASED (Type or Print): GRIFFIN MICHAEL WAYNE

2. DATE OF DEATH: 1-14-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 241 Edgevale Rd

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Nov. 28 1952 (Dec. 1-15)
9. AGE (In years last birthday): If Under 1 Year: Months 1 Days 20; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Griffin
14. MOTHER'S MAIDEN NAME: Leinweber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS ✓

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Alkalosis (Respiratory) — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia — 7 hrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14-53, 19__, *to* 1-14-53, 19__, *that I last saw the deceased alive on* 1/14, 1953, *and that death occurred at* 11 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benj. C. Edelstein M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Balto Cem
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilhelm Funeral Home
ADDRESS: 2066 Orleans

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 163
53 0425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0425

BIRTH NO. Non Res.

1. NAME OF DECEASED (Type or Print): Lynne Roberts

2. DATE OF DEATH: January 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Delaware
B. COUNTY: V-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seaford
D. STREET ADDRESS (If rural, give location): Route #1

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-24-49
9. AGE (In years last birthday): 3 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ellsworth Roberts
14. MOTHER'S MAIDEN NAME: Meta James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) unknown. — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO ? peri enteritis nodosa

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1953 *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14, 1953, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Neil H. Lewis M. O.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem.
24D. LOCATION (City, town, or county) (State): Seaford Del.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: M. L. Watson — ADDRESS: Seaford Del.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452

53 0436

BIRTH NO. 52-25606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 0436

1. NAME OF DECEASED (Type or Print): BABY FLOYD COLLINS, JR.

2. DATE OF DEATH: 1-15-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. AGNES HOSPITAL
C. Length of stay in Baltimore: 8 MOS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELLICOTT CITY
D. STREET ADDRESS (If rural, give location): 190 W. MAIN ST.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 10-20-52
9. AGE (In years last birthday): 3 MOS. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: FLOYD COLLINS
14. MOTHER'S MAIDEN NAME: FREDERICKA MAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: FLOYD COLLINS, ADDRESS: Ellicott City Md

MEDICAL CERTIFICATION

18. 756.2

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital Obstruction (Duodenal-atresia-possible)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4, 1953, *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* 3:16 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: George Lytton M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 17 Jan 1953
24C. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
24D. LOCATION (City, town, or county) (State): Middletown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: M. R. Elchison & Son
ADDRESS: Frederick, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

B-200

53 0437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0437

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pietro Bosco

2. DATE OF DEATH: Jan. 14 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland 510 Chestnut Hill Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): W

C. Length of stay in Baltimore: 39 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 9-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 510 Chestnut Hill Ave

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18 1883

9. AGE (In years last birthday): 69 — If Under 1 Year: Months 2, Days 27 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Vasto Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Domenico Bosco

14. MOTHER'S MAIDEN NAME: Teresa Cifolini

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Anna Bosco — ADDRESS: 510 Chestnut Hill Ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — Hrs.

DUE TO

(B) Arteriosclerosis — Years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocarditis — Years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 22, 1951, to Jan 14, 1953, that I last saw the deceased alive on Jan 1, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE: Winslow Fort M. D.

23B. ADDRESS: 1118 St. Paul St.

23C. DATE SIGNED: 1/ /53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan. 17 1953

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

NAME OF FUNERAL DIRECTOR: Frank Deller Woe

ADDRESS: 322 S. High St.

VS 150

2906M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 652
53 0428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0428

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FERENCSUHA, AUGUST (GUS)

2. DATE OF DEATH: January 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: 3 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-03
D. STREET ADDRESS (If rural, give location): 1240 N. Curley St.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Machinery
11. BIRTHPLACE (State or foreign country): Austria-Hungary
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Ferencsuha
14. MOTHER'S MAIDEN NAME: Agnes Visdosch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 136-05-1440A
17. INFORMANT: Mrs. Anna Ferencsuha, ADDRESS: 1240 N. Curley St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.0

(A) Arteriosclerotic heart disease

~~DUE TO~~ with

ANTECEDENT CAUSES

(B) Congestive failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 3, 19 53 *to* January 14, 1953, *that I last saw the deceased alive on* Jan. 14, 19 53, *and that death occurred at* 10:57 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Osvaldo Barrios-Jiménez M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 14, '53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: Ruck, 5305 Harford Road.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

D-400

53 0439

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0439

1. NAME OF DECEASED (Type or Print): William H. Deal

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1600 N. Milton Ave.,
c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1600 N. Milton Ave.

8-02

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 3, 1886
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Deal (M)
14. MOTHER'S MAIDEN NAME: Annie Maria Bernard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alice Deal, 1600 N. Milton Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Heart Disease — Interval between onset and death: Several yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: D
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16, 1952, *to* 9-30, 1952, *that I last saw the deceased alive on* 9-30, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Carlton Brinefield M. D.
23B. ADDRESS: 422 Med. Arts Bldg.
23C. DATE SIGNED: 15 JAN 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 16 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery,
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. Liston Wickefield
ADDRESS: 501 E. 22nd. St.

VS 150

59135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

med. Exam case

M-625

53-0430

Released to hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0430

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Raymond Morrison

2. DATE OF DEATH: JAN 12 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Several Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 10 02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1239 Eager St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 13-1922
9. AGE (In years last birthday): 30 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Const.
11. BIRTHPLACE (State or foreign country): Jamestown S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Morrison
14. MOTHER'S MAIDEN NAME: Addie Milton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 250-24-7008
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 330X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarach noid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

(B) from aneurysm R internal carotid artery

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan 11
19B. MAJOR FINDINGS OF OPERATION: Ligation internal carotid
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11-, 1953 *to* 1-12-, 1953 *that I last saw the deceased alive on* 1-12-, 1953, *and that death occurred at* 2 45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: J. M. Owen M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1.12.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Iron Ametery
24D. LOCATION (City, town, or county) (State): Jamestown S.C.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Robert T. Williams
ADDRESS: 1515 McElderry St.

VS 150

51024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

B. W. Fisher M.D.

CHIEF OR ASS'T MEDICAL EXAMINER

P-456

53 0431

53 0431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Albert Palmer

2. DATE OF DEATH: Jan-15-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 7 Days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Ohio
B. COUNTY: V-22
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newark
D. STREET ADDRESS (If rural, give location): North Village Drive

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-12-98
9. AGE (In years last birthday): 54 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Manager
10B. KIND OF BUSINESS OR INDUSTRY: Industry
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alonzo Palmer
14. MOTHER'S MAIDEN NAME: Clara Powers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis (?)

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7, 1953 *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* 12 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Alberto Okapkan M. O.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan:16:1953
24C. NAME OF CEMETERY OR CREMATORY: Newark...Ohio
24D. LOCATION (City, town, or county) (State): Ohio

DATE RECEIVED BY LOCAL REGISTRAR: JAN 15 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: F. B. Wippert & Son
ADDRESS: F.B.WIPPERT & SON 1300 Eutaw Pl.17

VS 456

29099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-420

53 0432

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0432

Registered No.

1. NAME OF DECEASED (Type or Print): Ada G. Mills

2. DATE OF DEATH: 1/13/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Luthern Hospital of Maryland
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-07
D. STREET ADDRESS (If rural, give location): 3224 Normount Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 3, 1884
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10B. KIND OF BUSINESS OR INDUSTRY: Tel. Co.
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: McMichaels
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Anslie Rumney
ADDRESS: 5157 Frederick Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident & Paralysis Rt leg & arm — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B) Hypertension Cardiac Hypertrophy — 3-5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct *,* 1952*, to* 1/13 *,* 1953*, that I last saw the deceased alive on* 1/13 *,* 1953*, and that death occurred at* 1030 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Florence Cooper M.D. M. D.
23B. ADDRESS: 2201 Eutaw Place
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave

VS 150

37054

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEREON ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Cooper
2201 Eutaw Pl
MC 1007
9-12

G-650

53 0433

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0433

Registered No.

1. NAME OF DECEASED (Type or Print) LAWRENCE GREEN

2. DATE OF DEATH 1-15-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LUTHERAN HOSP.

C. Length of stay in Baltimore 35 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 19-04
D. STREET ADDRESS (If rural, give location) 543 S. MONROE ST.

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 11-4-'95

9. AGE (In years last birthday) 57

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOILERMAKER

10B. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (State or foreign country) CONN.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John GREEN

14. MOTHER'S MAIDEN NAME NELL LALLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO

(If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 705-05-2052

17. INFORMANT ELSIE GREEN

ADDRESS 543 S. MONROE ST.

MEDICAL CERTIFICATION

18. 521 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Lung abscess; Bronchopneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diet.; Old ant.-septal infarction

19A. DATE OF OPERATION ✓

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10-53, 19__, *to* 1-15-53, 19__, *that I last saw the deceased alive on* 1-14-53, 19__, *and that death occurred at* 7 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE M. E. Powell M. D.

23B. ADDRESS Lutheran Hosp.

23C. DATE SIGNED 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 1/9 JAN. 1953

24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK

24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1953

REGISTRAR'S SIGNATURE Huntington S. Williams M.D.

25. FUNERAL DIRECTOR George L. Schwab

ADDRESS 2101 FREDERICK AVE

VS 150

50350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-160

53 0434

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0434

Registered No.

1. NAME OF DECEASED (Type or Print): Mr. John Conrad Weber

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. 44 Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-07
D. STREET ADDRESS (If rural, give location): 2529 Kirk Avenue.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 20, 1893
9. AGE (In years last birthday): 59
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Beverage
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Weber (W)
14. MOTHER'S MAIDEN NAME: Anna Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mr. Edward Weber
ADDRESS: 251 Elm Ridgeave.

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

DUE TO

ANTECEDENT CAUSES

(B) hypertension — 4 yrs.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) arteriosclerotic vascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. chronic cardiac congestive failure — 6 months

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1953 to Jan 15, 1953, that I last saw the deceased alive on Jan. 15, 1953, and that death occurred at 7:50 A m., from the causes and on the date stated above.

23A. SIGNATURE: James B. Brooks M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: Jan 15 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 19, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: George A. Schwab
ADDRESS: 2101 Frederick Ave

VS 150

29063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

R-252

53 0435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0435

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillie A. Rosenstiel

2. DATE OF DEATH: Jan. 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2302 Harlem Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 16-06
D. STREET ADDRESS (If rural, give location): 2302 Harlem Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: 2-26-1870
9. AGE (In years last birthday): 82-83
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Hoke
14. MOTHER'S MAIDEN NAME: Laura Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hoke Rosenstiel — ADDRESS: Sykesville, Md.

MEDICAL CERTIFICATION

18. 170X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma Lung

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma Right Breast. — 6 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11 *, 1947, to* Jan 8 *, 1953, that I last saw the deceased alive on* Jan 7 *, 1953, and that death occurred at* 5^10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo. E. Shannon M. D.
23B. ADDRESS: 820 Medical Arts Bldg
23C. DATE SIGNED: 1/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leo J. Farley — ADDRESS: Catonsville, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

D-141

53 0436

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0436

1. NAME OF DECEASED (Type or Print): Dorothy DeWilbiss

2. DATE OF DEATH: 1/15/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP
C. Length of stay in Baltimore: Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-08
D. STREET ADDRESS (If rural, give location): 1329½ W 41st St #11

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Mar 3/1918
9. AGE (In years last birthday): 34 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LINE OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: CALVERT DIST. Whisky Distillery
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Elmer Joseph Taylor
14. MOTHER'S MAIDEN NAME: CARRIE DARNELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hosp Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 19 days

DUE TO

(B) Cerebral aneurysm

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pregnancy (6 mos)

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1953, *to* 1/15, 1953, *that I last saw the deceased alive on* 1/15, 1953, *and that death occurred at* 12 15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles R. Leland M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 17/53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): E. North Ave, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Gustave E. Donovan
ADDRESS: 3818 Roland Ave

VS 150

69046

MARGIN RESERVED FOR BINDING

PLEASE NOTE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-141

53 0437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0437

Registered No.

BIRTH NO. 53-01110

1. NAME OF DECEASED (Type or Print): Baby Girl de Vilbiss

2. DATE OF DEATH: 1/15/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-08
D. STREET ADDRESS (If rural, give location): 1329½ W. 41 St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-15-53
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 20 / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin DeVilbiss
14. MOTHER'S MAIDEN NAME: Dorothy Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity - Atelectasis

DUE TO

(B) Cardiac - resp. failure

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/15, 1953, *to* 1/15, 1953, *that I last saw the deceased alive on* 1/15, 1953, *and that death occurred at* 8¹⁰ *pm., from the causes and on the date stated above.*

23A. SIGNATURE: Alfred Nacem M. D.
23B. ADDRESS: Mercy.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 17/53
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): E. North Ave Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-616

CERTIFICATE CORRECTED 1-22-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0438

BIRTH NO. 53 0438

Registered No.

1. NAME OF DECEASED (Type or Print): Charles W. Barbour

2. DATE OF DEATH: January 15, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland St. Agnes Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

C. Length of stay in Baltimore: 53 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 3907 Rokeby Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	6-1-~~1900~~ 1899	~~52~~ 53				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher

10B. KIND OF BUSINESS OR INDUSTRY: A. & P. Store Grocery (A)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Barbour

14. MOTHER'S MAIDEN NAME: Mary Sapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alice Barbour, ADDRESS: 3807 Rokeby Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO Hypertensive Cardio Vasc. Renal disease

(B)

DUE TO Diabetes Mellitus

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-16, 1952, *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* 12:10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry L. Kruse M. D.

23B. ADDRESS: St. Agnes Hosp.

23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan. 19/53

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953

REGISTRAR'S SIGNATURE: Huntington Williams

25. FUNERAL DIRECTOR: Harry F. Weitzel

ADDRESS: 4101 Edmondson Ave

VS 150

644 6A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-536

53 0439
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0439

1. NAME OF DECEASED (Type or Print): HENRY UNDERWOOD
2. DATE OF DEATH: January 13, 1953
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 527 N. Mount Street
C. Length of stay in Baltimore: 20yrs (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-01
D. STREET ADDRESS (If rural, give location): 527 N. Mount Street
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 9/I5/I905
9. AGE (In years last birthday): 47 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Iron Foundry
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: King Underwood
14. MOTHER'S MAIDEN NAME: Sallie Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1B. 490X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]
21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Sowell M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 13, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: I/I8/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct
24D. LOCATION (City, town, or county) (State): A.A.Co., Md
DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Isaac L. Brown & Son
ADDRESS: 9703B 108 W. Montgomery St

VS 151

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155

53 0440

BIRTH NO. Irvin

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0440

1. NAME OF DECEASED (Type or Print): IRWIN HOFMANN

2. DATE OF DEATH: 1/15/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Md.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-01
D. STREET ADDRESS (If rural, give location): 508 N. Linwood Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (circled: SINGLE)
8. DATE OF BIRTH: 1/20/29
9. AGE (In years last birthday): 23 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10B. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Irvin G. Hofmann
14. MOTHER'S MAIDEN NAME: Matilda R. Davey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Matilda R. Hofmann
ADDRESS: 508 N. Linwood Ave

MEDICAL CERTIFICATION

18. 201X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 year
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6/53, 19__, *to* 1/15/53, *that I last saw the deceased alive on* 1/15, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert A. Gebhardt M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-19-53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Taylor Ave. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: John C. Miller Inc.
ADDRESS: 2431 East Oliver St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155

53 0441

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0441

Registered No.

1. NAME OF DECEASED (Type or Print): Edna C. Hofmann

2. DATE OF DEATH: 1-15-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp - Accident Room
C. Length of stay in Baltimore: 65 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-41
D. STREET ADDRESS (If rural, give location): 4510 Penhurst Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-24-1887
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Deters
14. MOTHER'S MAIDEN NAME: Maryann Bush.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Husband — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

DUE TO

(B) Ventricular Tachycardia & Shock — 3 hrs.

DUE TO

(C) Diabetes mellitus — 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ~
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15 *19*53 *to* 1-15 *19*53, *that I last saw the deceased alive on* 1-15, *19*53 *and that death occurred at* 10:31 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur D. Richardson M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-19-53
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM
24D. LOCATION (City, town, or county) (State): A A Co

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Bernard C. Harle
ADDRESS: 121 E West St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

F-432

53 0442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0442

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARIAN FLETCHER

2. DATE OF DEATH: January 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charles and 34th Streets
C. Length of stay in Baltimore: 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): Charles and 34th Streets

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 71 ? If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trained Nurse
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John M. Fletcher
14. MOTHER'S MAIDEN NAME: Adelaide Fair

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. J. Kemp Bartlett Jr. ADDRESS: U.S.F.& G. Bldg.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 340.3

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Purulent Meningitis
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Hills, N.J.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons Inc. ADDRESS: 1900 Eutaw Place

VS 151

058 8T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Age is especially important. Be correct

W-536

53 0443
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0443
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Albert L. Wonder

2. DATE OF DEATH: Jan 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 24-03
D. STREET ADDRESS (If rural, give location): 1142 Battery Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1878
9. AGE (In years last birthday): 74
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoeform
10B. KIND OF BUSINESS OR INDUSTRY: Wholesale Co
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Wonder
14. MOTHER'S MAIDEN NAME: Dont know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Rose Wonder ADDRESS: 1142 Battery Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

492X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — Virus X — — 1 wk.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1953, *to* Jan 14, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 7:10 P. *m. from the causes and on the date stated above.*

23A. SIGNATURE: W. B. Wheeler M. D.
23B. ADDRESS: 1379 William St.
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: Jan 17, 1953
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. Bernard Brown
ADDRESS: 1400 S. Charles St

VS 150

94055

J-525

53 0444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0444

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES JOHNSON

2. DATE OF DEATH: January 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-05
D. STREET ADDRESS (If rural, give location): 1816 Maryland Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 29 1900
9. AGE (In years last birthday): 62
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charlotte Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Johnson Trudging
14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Evelyn Stewart ADDRESS: W. Lexington St. 3216

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Schaeffer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/1953
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS:

VS 151

68352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5.530

53 0445

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0445
Registered No.

1. NAME OF DECEASED (Type or Print): Eliza J. Smith

2. DATE OF DEATH: 1-12-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 615 N. Carrollton Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-01
D. STREET ADDRESS (If rural, give location): 615 N. Carrollton Ave.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 1857
9. AGE (In years last birthday): 95
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eastern Shore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Hutchins
14. MOTHER'S MAIDEN NAME: Rachel ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Pauline Handy
ADDRESS: 615 N. Carrollton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B) senility
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8.22., 1952 *to* 1.12, 1952, *that I last saw the deceased alive on* 1.12., 1952, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: James M. Fair M. D.
23B. ADDRESS: 400 N. Carrollton Ave
23C. DATE SIGNED: 1.14.52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/1953
24C. NAME OF CEMETERY OR CREMATORY: Denton Md.
24D. LOCATION (City, town, or county) (State): Denton Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. Robert Williams
ADDRESS: 232 W. Lafayette St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-414

53 0446
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0446

1. NAME OF DECEASED (Type or Print): JOHN JOSEPH CAULFIELD

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto., General Hosp.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 714 N. Madeira Street

7-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	Jan. 1, 1903	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal worker
10B. KIND OF BUSINESS OR INDUSTRY: Airplane Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Caulfield
14. MOTHER'S MAIDEN NAME: Sarah Conway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Catherine A. Caulfield
ADDRESS: 714 Madeira Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

468.2

(A) Acute myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized lymphadenitis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute follicular tonsillitis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5-, 1953, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14-, 1953, *and that death occurred at* 9:20 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. McConway, M. D.
23B. ADDRESS: South Baltimore Gen. Hosp.
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: TRINITY CEMETERY
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD.

VS 150

5913T

Geo. P. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

H-230

53 0447

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0447

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Emma Height

2. DATE OF DEATH: 1/12/1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1119 Thompson Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-02
D. STREET ADDRESS (If rural, give location): 1119 Thompson Street

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Mary Johnston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Height — ADDRESS: 1119 Thompson St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 3 days
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1·9·, 1953 *to* 1·12, 1953 *that I last saw the deceased alive on* 1·12, 1953 *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. L. Berry M. D.
23B. ADDRESS: 1420 E. Chase St
23C. DATE SIGNED: 1.16.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elmer Wilson
ADDRESS: 1000 Bentley Ave

VS 150

720 SA

F 236

53 0448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0448

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Foster

2. DATE OF DEATH: 1-13-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: 33 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 16-01
D. STREET ADDRESS (If rural, give location): 1011 Brantley Ave #17

5. SEX: M
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: March 28
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Spanish Paint Shipyard
11. BIRTHPLACE (State or foreign country): Suffolk Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr John Fauster
14. MOTHER'S MAIDEN NAME: Mary Fauster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-5095
17. INFORMANT: Mrs Nettie Fauster — ADDRESS: 1011 Brantley Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

443X

(A) Uremia

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Appendicael abscess

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION: Appendicael abscess
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12, 1953, *to* 1-13, 1953, *that I last saw the deceased alive on* 10 PM 1-12-53, 1953, *and that death occurred at* 1 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. A. Wolfel, M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy Wilson
ADDRESS: 1010 Brantley Ave

VS 150

97030

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-620
53 0449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0449

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hillard HEDLEY HARRIS

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore 28 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02
D. STREET ADDRESS (If rural, give location): 235 N. Fulton Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Skill Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Sparrow Point
11. BIRTHPLACE (State or foreign country): Litleton N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harris (Shipyard)
14. MOTHER'S MAIDEN NAME: Creasy Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Martha Harris ADDRESS: 235 N. Fulton Ave

MEDICAL CERTIFICATION

18. E916.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxia
DUE TO Carbon monoxide poisoning

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 235 N. Fulton Avenue 19/2
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 14, 1953 3:00 A. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Asphyxia during conflagration

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/18/1953
24C. NAME OF CEMETERY OR CREMATORY: Littleton
24D. LOCATION (City, town, or county) (State): Littleton N.C.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy Wilson
ADDRESS: 1110 Brantly

VS 151 N968.0 9703U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct is especially important. Physicians: please write the causes of death clearly and legibly.

B-420

53 0450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0450

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Willie Bowles

2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1914 W. Mulberry St.
C. Length of stay in Baltimore: 12 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-01
D. STREET ADDRESS (If rural, give location): 1914 W. Mulberry Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 10, 1876
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days: 3
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Augusta, Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bowles
14. MOTHER'S MAIDEN NAME: Rachel ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Bales ADDRESS: 1418 Hartford Ave

MEDICAL CERTIFICATION

18. 491 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia - Bilateral — Several Days

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 31, 1952 *to* 1-13, 1953, *that I last saw the deceased alive on* 1-12, 1953, *and that death occurred at* 12:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Richard H. Hunt M. D.
23B. ADDRESS: 1631 W. Franklin St.
23C. DATE SIGNED: Jan. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calv Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Roy Wilson
ADDRESS: 1000 Benton Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-520

53 0451

FUNK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0451 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Funk John J Sr.

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

C. Length of stay in Baltimore: Yrs. 49 Mos. Days life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-02

D. STREET ADDRESS (If rural, give location): 1135 Riverside Ave

5. SEX: Male

6. COLOR OR RACE: N.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: June 15 1888

9. AGE (In years last birthday): 64

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: B & O. RR

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Funk

14. MOTHER'S MAIDEN NAME: Catherine A. Blum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs J J Funk Sr. ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

(B) Enlargement of Heart

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2/53 19__, *to* 1/13/ 1953 *that I last saw the deceased alive on* 1/13/ 1953 *and that death occurred at* 1:00 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Maurice Hiderer M. D.

23B. ADDRESS: 2225 Linden

23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1/17/53.

24C. NAME OF CEMETERY OR CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Ruscle Highway

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953

REGISTRAR'S SIGNATURE: Huntington E. Williams

25. FUNERAL DIRECTOR: D. J. Foley Sons

ADDRESS: 1318 Light St.

VS 150

39058

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2225 Lincoln Ave

H-650

53 0452

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0452

Registered No.

1. NAME OF DECEASED (Type or Print): Henry William Horn, Jr.

2. DATE OF DEATH: Jan. 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ella
D. STREET ADDRESS (If rural, give location): Glen Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1/5/1944
9. AGE (In years last birthday): 9 yrs. — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry William Horn
14. MOTHER'S MAIDEN NAME: Audrey E. Mediary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Henry W. Horn Sr. ADDRESS: Ella, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

500X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Laryngotracheobronchitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cerebral Palsy

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 1/13, 1953, *and that death occurred at* 8 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. Wilgin, Jr. M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Easter & Sons
ADDRESS: Ellicott City, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

25-622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 53 0453

Registered No. 53 0453

1. NAME OF DECEASED (Type or Print): Vincent Yurczak

2. DATE OF DEATH: Jan. 14-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1621 Church St.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City 25-05
D. STREET ADDRESS (If rural, give location): 1621 Church St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1882
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Du Pont
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PAONT (?)
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-09-7797
17. INFORMANT: Ida. Yurczak — ADDRESS: 1621 Church St

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1:PM

DUE TO

(B) A.S.C.V.D & Congestive Heart — 10:53 PM

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Failure - Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1952, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14, 1953, *and that death occurred at* 10:53 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: H Mosnowski M.D. M. D.
23B. ADDRESS: 4016 Ritchie Hwy #25
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 19-1953
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. S. Fitkowski
ADDRESS: 2007 Eastern Ave

VS 150

97040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95 4487

M-624

53 0454

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0454

Registered No.

1. NAME OF DECEASED (Type or Print): GENEVIEVE (JENNIE) E. MARSHALL

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3704 Sequoia Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3704 Sequoia Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 8, 1861
9. AGE (In years last birthday): 92 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Wolf
14. MOTHER'S MAIDEN NAME: Genevieve Steiner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Leona Marshall — ADDRESS: 3704 Sequoia Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: about 2 mos.

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) advanced arterio sclerosis — ?

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ----------

19A. DATE OF OPERATION: ----- 0
19B. MAJOR FINDINGS OF OPERATION: ----------
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1952 *to* Jan. 14, 1953 *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 8:45 *a.m. from the causes and on the date stated above.*

23A. SIGNATURE: Nellie S. Mulatt M. D.
23B. ADDRESS: 2220 Garrison Blvd
23C. DATE SIGNED: Jan 14, 195

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Dickerson & Sons
ADDRESS: Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

D-300

53 0455

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0455

Registered No.

1. NAME OF DECEASED (Type or Print): John deWit

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1611 Park Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-01
D. STREET ADDRESS (If rural, give location): 1611 Park Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 23, 1888
9. AGE (In years last birthday): 64 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practictioner
10B. KIND OF BUSINESS OR INDUSTRY: Christian Science
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lawrence deWit
14. MOTHER'S MAIDEN NAME: --- deGroot
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Eliz. Hurst deWit — ADDRESS: 1611 Park Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) adeno Carcinoma Stomach — 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Gastric Ulcer

DUE TO

(C) Pyloro Spasm

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerosis Generalized

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1953, *to* Jan 14, 1953, *that I last saw the deceased alive on* Nov, 1952 *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter A. Anderson M. D.
23B. ADDRESS: 500 Shannon Drive
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 1/16/53
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Crem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. 17, Md.

VS 150

0788W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-210

SEGOVIA

53 0456

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0456

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Benny Segovia

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Johns Hopkins Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-32
D. STREET ADDRESS (If rural, give location): 615 Roundview Rd.

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-30-1933
9. AGE (In years last birthday): 19 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: BENNY Segovia Sr.
14. MOTHER'S MAIDEN NAME: Thelma GROSSA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

591X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lower nephron nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute hepatitis — 10 days

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1953 to 1/15, 1953 that I last saw the deceased alive on 1/15, 1953 and that death occurred at 5.25 A m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas Franklin Williams M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVARY
24D. LOCATION (City, town, or county) (State): A.A. COUNTY, MD

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph H. Parks, Jr. ADDRESS: 1304 N. Central Ave

VS 150

S-642

53-0457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53-0457

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH SORRELLS

2. DATE OF DEATH: January 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-02
D. STREET ADDRESS (If rural, give location): 930 Monument Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 20/32
9. AGE (In years last birthday): 20
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boatman 3C
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME: Jean Wolfe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.
17. INFORMANT: U S Coast Guard Records
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E 981X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of the chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 800 block North Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/15/53 3:00 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? firearms

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: William Nowak M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-18
24C. NAME OF CEMETERY OR CREMATORY: Chinaticque
24D. LOCATION (City, town, or county) (State): Chinaticque Grand Va

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thomas P. Lucas
ADDRESS: 2503 Edmondson Ave

VS 151

N862.4

59591

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-522

53 0458

BIRTH NO. 53 0458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): RICHARD MADISON COMEGYS

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-04
D. STREET ADDRESS (If rural, give location): 1939 Jefferson Street - 5

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27, 1885
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm. M, Comegys
14. MOTHER'S MAIDEN NAME: Louise Kurtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 213-10-1308-A
17. INFORMANT: (Mr. Wm. Frankl
ADDRESS: 1939 Jefferson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.0

(A) Hypertensive arteriosclerotic heart disease with heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 14, 1953, *to* Jan. 15, 1953, *that I last saw the deceased alive on* Jan. 15, 1953, *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Osvaldo Berro-Jiménez M. D.
23B. ADDRESS: 1400 N. Caroline Street - 13
23C. DATE SIGNED: Jan. 15, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 17, 1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Herwig & Sons
ADDRESS: 2024 Orleans St. 31

VS 150

631 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400

53 0459

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 0459

Registered No.

1. NAME OF DECEASED (Type or Print): Mary E Kelly

2. DATE OF DEATH: 1-14-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5300
D. STREET ADDRESS (If rural, give location): 1903 Taylor ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Nov. 21-1886
9. AGE (In years last birthday): 66
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Dressmaker
11. BIRTHPLACE (State or foreign country): Baltimore-Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George J. SMITH
14. MOTHER'S MAIDEN NAME: ANNA B DATZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Caroline Loudos — ADDRESS: 1903 Taylor Ave

MEDICAL CERTIFICATION

18. 153X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized metastasis of carcinoma
DUE TO
(B) Carcinoma of the Sigmoid

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 19[illegible], to 1-14, 1953, that I last saw the deceased alive on 1-14, 1953, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Michael Sonfeld M. D.
23B. ADDRESS: 5407 Belair Rd
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Balto Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D. Clerk
25. FUNERAL DIRECTOR: E. Black
ADDRESS: 5305 Harford Rd.

VS 150

63380

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Grossfeld.

0-600

FVJ-166573

53 0460

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0460

1. NAME OF DECEASED (Type or Print): Elizabeth O'Hara

2. DATE OF DEATH: Jan. 14-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: 4 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-09
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3737 Eastern Avenue Zone 24

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: October 10.1900
9. AGE (In years last birthday): 52 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic help
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? Ireland
13. FATHER'S NAME: William O'Hara
14. MOTHER'S MAIDEN NAME: Ellen Gravey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 220-30-4678
17. INFORMANT: Patrick Cavenaugh — ADDRESS: 7405 Brighside Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Exsanguination from Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8- *, 1953, to* 1-14 *, 1953 that I last saw the deceased alive on* 1-14 *, 1953, and that death occurred at* 5:15 Pm. *, from the causes and on the date stated above.*

23A. SIGNATURE: Hyman Ber. M. D.
23B. ADDRESS: 4940 Eastern Avenue, Balto., Md.
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 17,1953
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Edmonson Ave

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home Inc — ADDRESS: 2601-03-05 E. Madison Street

VS 150

72081

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

P-451

53 0461

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0461

1. NAME OF DECEASED (Type or Print): Plumhoff Helen

2. DATE OF DEATH: Jan. 13, 53

3. PLACE OF DEATH: A. Baltimore City, Maryland Doctors Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore, Md.

C. Length of stay in Baltimore: lifetime Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-01
D. STREET ADDRESS (If rural, give location): 1415 Reynolds St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-16-1913
9. AGE (In years last birthday): 39
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stanlus Smiecienski
14. MOTHER'S MAIDEN NAME: Stephania Pirsprski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-0531
17. INFORMANT: Frank Plumhoff ADDRESS: 1415 Reynolds St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Metastases — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs.

DUE TO

(B) Carcinoma of the Uterus — 4 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Enlargement of heart & Pleural Effusion

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 1/13/53, 19__, *that I last saw the deceased alive on* 1/13/53, 19__, *and that death occurred at* 6.15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr Isabella Kohn M. D.
23B. ADDRESS: 102 E. Fort Ave.
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Chas F. Dill
ADDRESS: 1501 E. Fort Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Walter Kohn

102 E. 70th Ave.

9 A.M. to 11 A.M.

B-326
53 0462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0462

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert D. Butcher

2. DATE OF DEATH: 1/15/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 37 Yrs. 5 Mos. 2 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 13 08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1224 Dillwood Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-15-1890
9. AGE (In years last birthday): 62
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Post Office Service
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Dunlop Butcher
14. MOTHER'S MAIDEN NAME: Mary C Goonell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ethel Lease ADDRESS: 3126 Chestnut Ave.

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) C.V.a. (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 8 days
DUE TO
(B) Hypertension — 5 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. acute Myocardial infarction — 8 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1953 *to* Jan 15, 1953 *that I last saw the deceased alive on* Jan 15, 1953, *and that death occurred at* 9 45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert A. Moore, Jr. M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: Jan 15, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 19-1953
24C. NAME OF CEMETERY OR CREMATORY: Finksburg
24D. LOCATION (City, town, or county) (State): Finksburg Carroll Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road

VS 150

55083 / Horace F. Burgee

F 430

53 0463

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0463

1. NAME OF DECEASED (Type or Print): Dora Eloyd

2. DATE OF DEATH: Jan. 11, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twilight Nursing Home

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 32 N. Broadway

6-05

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: April 10 1870
9. AGE (In years last birthday): 82 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10B. KIND OF BUSINESS OR INDUSTRY: Balto.
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Twilight Nursing Home ADDRESS 1813 Eutaw

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular disease & marked arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Known duration 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes mellitus — Known duration 5 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/4, 1952, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Richard Frank M. D.
23B. ADDRESS: 203 Bank Building Balto. Md.
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: Jan. 16, 1953
24C. NAME OF CEMETERY OR CREMATORY: Presbyterian Govans
24D. LOCATION (City, town, or county) (State): Belona Ave. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: David R. Martin
ADDRESS: David R. Martin 1902 Eutaw Pl.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260
53 0464
166727- MAF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0464

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marion Baker

2. DATE OF DEATH: 1-15-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3611 Belvedere Avenue - W.

27-18

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-27-1904
9. AGE (In years last birthday): 48 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry C. Welsh
14. MOTHER'S MAIDEN NAME: Rosa Baunn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Baltimore City Hospitals Records; ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Inoperable Carcinoma of Stomach
DUE TO
(B) with Metastasis
DUE TO
(C) Malnutrition

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

151X

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1953, *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-19-1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-200
53 0465
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0465

1. NAME OF DECEASED (Type or Print): CHARLES E. DIGGS

2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 607 Jasper Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1898
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10B. KIND OF BUSINESS OR INDUSTRY: Merchant's Club
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Pius Cooper
14. MOTHER'S MAIDEN NAME: Rosie Sheen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.: 228-03-6531
17. INFORMANT: Daisy Lyles
ADDRESS: 306 N. Hoffman St.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Wooster M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: Balto. national Cemet.
24D. LOCATION (City, town, or county) (State): Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918 Druid Hill Ave.

VS 151

7618X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO: 53 0466 Registered No. 53 0466

1. NAME OF DECEASED (Type or Print): Lula Smith

2. DATE OF DEATH: January 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 923 Poplar Grove St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): Old Frederick & Johnny Cake Roads

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 10, 1878
9. AGE (In years last birthday): 74 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John F. Kelty
14. MOTHER'S MAIDEN NAME: Katie Elizabeth Pierpont

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs. Ann K. Buck, 423 Whitefield Rd., Md
ADDRESS: Catonsvill

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Respiratory Failure
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerotic Coronary
DUE TO
(C) Vascular Disease c Hypertrophy & Fatty

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Old Rheumatic Heart

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* 15 Jan, 1953, *that I last saw the deceased alive on* 15 Jan, 1953, *and that death occurred at* 10.45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: William Kenny M.D. M. D.
23B. ADDRESS: 4605 Edmondson Ave.
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 17-1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Willis Lamborn
ADDRESS: 4510 Liberty Heights Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

L-160

53 0467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0467

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Dr. Edward A. Looper

2. DATE OF DEATH: Jan. 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 504 Overhill Road
C. Length of stay in Baltimore: 35 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 504 Overhill Road

2804

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 16, 1888
9. AGE (In years last birthday): 64 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Surgeon-Specialist
10B. KIND OF BUSINESS OR INDUSTRY: Ear, Nose and Throat
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John A. Looper
14. MOTHER'S MAIDEN NAME: Jennie Stewart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lola P. Looper
ADDRESS: 504 Overhill Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 14, 1953 *to* Jan. 14, 1953 *that I last saw the deceased alive on* Jan 14, 1953 *and that death occurred at* 3:35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert T. Parker M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: Jan. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 17, 1953
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Hollis Lawrence
ADDRESS: 4510 Liberty Heights Ave.

VS 150

07585

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to this is especially important. Physicians: please write the causes of death clearly and legibly.

B 650

53 0468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0468

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary B. Brown

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 S. Monroe St.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 425 S. Monroe St.

19-04

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 19, 1880
9. AGE (In years last birthday): 72 yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George N. Yager
14. MOTHER'S MAIDEN NAME: Augusta Nimitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr. Wm. G. Brown
ADDRESS: 425 S. Monroe St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 12 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Age

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Jan 15, 1953, *that I last saw the deceased alive on* Jan. 15, 1953, *and that death occurred at* 1.05P *m., from the causes and on the date stated above.*

23A. SIGNATURE: M. B. Schreiber M. D.
23B. ADDRESS: 54 S. Fulton Ave.
23C. DATE SIGNED: 1-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 19, 1953
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: Miller & Lawrence
ADDRESS: 4510 Liberty Heights Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
53 0469

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0469

1. NAME OF DECEASED (Type or Print): ZILPHA E. BROWN

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Morgue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2844 St. Paul Street

12 06

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12-26-1892
9. AGE (In years last birthday): 60
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered nurse
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward C Ebert
14. MOTHER'S MAIDEN NAME: Annie Neff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John E. Ebert
ADDRESS: Fredk. Md

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E 970.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Barbiturate intoxication
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2844 St. Paul St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 15, 1953 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingested barbiturate

22. *I certify that I took charge of the remains described above, held an* partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [X], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 17, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. E. Cline & Son
ADDRESS: Frederick Md

VS 131

N 971.0

0538T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 630

BIRTH NO. 53 0470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0470

1. NAME OF DECEASED (Type or Print): MARIE GRADY

2. DATE OF DEATH: 1/16/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 411 S. Mount St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 24-1900
9. AGE (In years last birthday): 52 | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harry Stevens
14. MOTHER'S MAIDEN NAME: MARY DECK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Marie Crigger
ADDRESS: 411 S. Mount St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 181X and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of bladder z metastasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION: Cystoscopy + biopsy of bladder
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/53, 19__, *to* 1/16/53, 19__, *that I last saw the deceased alive on* 1/15/53, 19__, *and that death occurred at* 6 05 A.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: O. Schlueger M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 19-1953
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Hoff & B. M. Walter
ADDRESS: Pratt & Stricker Sts

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635 A 53 0471

Medical Examiner's Case released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 58 0471

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Myrtle Martin

2. DATE OF DEATH: January 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 136 S. Curley St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov 8. 1876
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Everett Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Price
14. MOTHER'S MAIDEN NAME: Lavanda Ludridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 332x

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Recent

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

William H. Foulk M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1953, *to* 1-15, 1953, *that I last saw the deceased alive on* DOA, 19____, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: George A. Edwards M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-18-53
24C. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
24D. LOCATION (City, town, or county) (State): Cumberland Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Hafer Funeral Home — ADDRESS: Cumberland Md

VS 150

Certificates to be approved by Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0472

BIRTH NO. 53 0472

1. NAME OF DECEASED (Type or Print) Jeanette V. Parker

2. DATE OF DEATH Jan. 14 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bay Wel Bay

C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 16-02
D. STREET ADDRESS (If rural, give location) 1031 N. Gilmor St

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH Oct 31 1899
9. AGE (In years last birthday) 53
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Co. Northumberland Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Henry Parker
14. MOTHER'S MAIDEN NAME Sally Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Raymond Parker
ADDRESS 1031 N. Gilmor St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

35 yrs

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemiplegia, left

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14 1953, *to* 1-15 1953, *that I last saw the deceased alive on* 1-14 1953, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23A. SIGNATURE H. P. Johnson M. D.
23B. ADDRESS 403 Medical Arts Bldg
23C. DATE SIGNED 1-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1/19/53
24C. NAME OF CEMETERY OR CREMATORY St Peters
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1953
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Alex J. Kelson
ADDRESS 1303 Gresalman St

VS 150

643 8C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

B 346

53 0473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0473

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Louisa S Butler

2. DATE OF DEATH: 1-16-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anderson Nursing Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 127 Arbutus Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-22-1862
9. AGE (In years last birthday): 90
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Christian Spear
14. MOTHER'S MAIDEN NAME: Sophia Heisen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Julia Merriman ADDRESS: Catonsville Md

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5-10 yr -
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1950, *to* Jan 16, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 10.20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John Neff M. D.
23B. ADDRESS: 118 St Paul St. Balt 2 Md
23C. DATE SIGNED: 1-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1-16-53
24C. NAME OF CEMETERY OR CREMATORY: Valley Drive
24D. LOCATION (City, town, or county) (State): Syracuse N Y

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo A Farley
ADDRESS: Catons Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 300
53 047A

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 047A
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Garfield Redd
2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 35 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 932 McDonogh St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-26-1899
9. AGE (In years last birthday): 53 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Redd
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days
DUE TO
(B) Diabetic Acidosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1953, *to* 1-13, 1953, *that I last saw the deceased alive on* 1-13, 1953, *and that death occurred at* 6 05 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: George A. Edwards M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-18-53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Mem A. A. Co.
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 16 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Raymer Sanders
ADDRESS: 217 E. Preston St

VS 150

97.99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-100

53 0475

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

X

Reg. Dist. No. 53 0475

1. PLACE OF DEATH:
COUNTY BALTIMORE COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOOD CONVOL. HOME
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EDMONDSON AVE. & NORTH BEND RD

6 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 5252
STREET ADDRESS (If rural give location) 6350 FREDERICK AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) LUBY (Last)

4. DATE OF DEATH: (Month) Jan: (Day) 13 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Jan: 6: 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES MADIGAN

14. MOTHER'S MAIDEN NAME: MARY HOWARD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service) *******

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Miss. MARY LUBY..6305 Frederick Ave

331 X

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Rt cerebral hemorhage — 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis General marked — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1952 to Jan 13, 1953, that I last saw the deceased alive on 8 P.M., 1953 and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE Damian P. Alagia (Degree or title) M.D. — ADDRESS 3316 Fredrick Av — DATE SIGNED 1/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF JAN: 17; 53 — NAME OF CEMETERY OR CREMATORY New Cathederal — LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR JAN 16 1953 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 24. FUNERAL DIRECTOR J. B. Wilpert & Son — ADDRESS 1300 Eutaw St.

age is specially important. Physicians: please write the causes of death clearly and legibly.

M-600
53 5076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0476

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MOORE, Pearl (JONES)

2. DATE OF DEATH: 1-13-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.H
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 25-33
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2632 Pierpont St

5. SEX: F
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: JUNE 5, 1897
9. AGE (In years last birthday): 55
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reese, Joseph
14. MOTHER'S MAIDEN NAME: JENETTE CARROLL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: HERMAN PEARL
ADDRESS: 2632 PIERPONT

MEDICAL CERTIFICATION

18. 331 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs
~~DUE TO~~ 1) Subdural hemorrhage
2) Intracerebral hemorrhage
(B) Uremia
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11-, 1953, *to* 1-13, 1953, *that I last saw the deceased alive on* 1-13, 1953 *and that death occurred at* 4:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: L. Felipe Gonzalez M. D.
23B. ADDRESS: U.H
23C. DATE SIGNED: 1-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: WESTERN STAR CEMT
24D. LOCATION (City, town, or county) (State): CATONSVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 18 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: ARLINGTON S. Phillips
ADDRESS: 1808 N. MONROE ST.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Be correct and exact especially important. Physicians: please write the causes of death clearly and legibly.

V-422

53 0477
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0477

1. NAME OF DECEASED (Type or Print): FRANCES VLCEK

2. DATE OF DEATH: JAN. 15-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BEECHHILL NURSING HOME
C. Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 924 N. MADEIRA ST

7-03

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 17
9. AGE (In years last birthday): 81
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): SLOVAKIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH BUCEK
14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: LOUIS VLCEK
ADDRESS: 924 N. MADEIRA ST

MEDICAL CERTIFICATION

18. 157X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CA HEAD PANCREAS — 1 yr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 1/15/53, 19__, *that I last saw the deceased alive on* 1/15/53, 19__, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leo Karlin M. D.
23B. ADDRESS: 4331 Harford Rd
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JAN. 19-53
24C. NAME OF CEMETERY OR CREMATORY: OAK HILL
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: FR. CUACH & SON
ADDRESS: 900 N. CHESTER ST

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

M-200
53 0478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0478

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES A. McCoy

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balto. General Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 629 Conway St.
D. STREET ADDRESS (If rural, give location): 629 W. Conway St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/23/1915
9. AGE (In years last birthday): 37 36 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LA Borie.
10B. KIND OF BUSINESS OR INDUSTRY: Davidson Chemical Corp.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. Kinen
14. MOTHER'S MAIDEN NAME: Mary Mack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 238-14-4858
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

002X

(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Conway M. D.
23B. ADDRESS: South Baltimore Genl Hosp
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24D. LOCATION (City, town, or county) (State): B. C. Co. - Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington 5 Md
25. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Barre St

VS 150

97049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V-512

53 0479

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0479

1. NAME OF DECEASED (Type or Print): HAROLD VON BUSKIRK

2. DATE OF DEATH: Jan. 7, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elizabeth
D. STREET ADDRESS (If rural, give location)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: May. 17-1898
9. AGE (In years last birthday): 54 55
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edgar Vanbuskirk
14. MOTHER'S MAIDEN NAME: Catherine Abrams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph J. Higgins
ADDRESS: 461 Monroe Ave. Elz. N. J.

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis, bilateral, extensive

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: B. F. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Jan. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Jan. 16-53
24C. NAME OF CEMETERY OR CREMATORY: Rose Hill
24D. LOCATION (City, town, or county) (State): Linden, New Jersey

DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John G. Connelly
ADDRESS: 3500 Bank St.

97099

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 421

53 0480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0480

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary L. Gillespie

2. DATE OF DEATH: Jan. 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mount Nursing Home
c. Length of stay in Baltimore: 60 ~~Yrs.~~ ~~Mos.~~ 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Cecil
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville 5700
D. STREET ADDRESS (If rural, give location):

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 13, 1880
9. AGE (In years last birthday): 72 yrs.
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Geisler
14. MOTHER'S MAIDEN NAME: Anna Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nellie Bounds ADDRESS: Perryville, Md.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

(B) Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 13, 1953, *to* Jan. 16, 1953, *that I last saw the deceased alive on* Jan. 16, 1953, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joy M. Zimmerman M. D.
23B. ADDRESS: 2858 Harford Rd.
23C. DATE SIGNED: Jan. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-19-53
24C. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
24D. LOCATION (City, town or county) (State): Port Deposit, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 19 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. A. Patterson & Son
ADDRESS: Perryville, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-22-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0481

BIRTH NO. 53-00579

1. NAME OF DECEASED (Type or Print): BABY BOY MERRYMAN

2. DATE OF DEATH: January 16-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Maryland
C. Length of stay in Baltimore: ~~Yrs.~~ ~~Mos.~~ 9 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Randallstown
D. STREET ADDRESS (If rural, give location): Liberty and Briarstone Roads -

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: January 6 1953
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 9; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marvin Merryman Jr
14. MOTHER'S MAIDEN NAME: Elizabeth Jean Ramborn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 751X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spina bifida operta

DUE TO

(B) malformation

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 6, 1953, *to* Jan 15, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frederick M. Jerzany M. D.
23B. ADDRESS: Womens Hospital
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1-17-1953
24C. NAME OF CEMETERY OR CREMATORY: Friends
24D. LOCATION (City, town, or county) (State): BALtimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Mitchell & Sons
ADDRESS: 1900 Eutaw Place

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

P 626

53 0482

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0482

Registered No.

1. NAME OF DECEASED (Type or Print): Ernest Franklin Parker

2. DATE OF DEATH: 1-15-53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 101 N. Wheeler Ave.

C. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4005 Mayberry Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-11-1888
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Upper Marlboro Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Parker
14. MOTHER'S MAIDEN NAME: Margaret Jane Galloway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-10-9928
17. INFORMANT: Myrtle Ellen Parker
ADDRESS: 4005 Mayberry Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 40 min.

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerosis — 8 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/17, 1949 *to* Jan. 15th, 1953, *that I last saw the deceased alive on* April 4th, 1951, *and that death occurred at* 7.15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: M. J. McDermott, M. D.
23B. ADDRESS: 1136 Polar Gear St
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-19-53
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Clifton Wilson, M.D.
25. FUNERAL DIRECTOR: Ellsworth Armacost
ADDRESS: 4600 Liberty Heights Ave.

VS 150

29069

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

M 220
53 0483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0483

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Messick, Ruth Alma

2. DATE OF DEATH: January 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1278 Battery Avenue

24-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/7/94
9. AGE (In years last birthday): 59 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Bafford
14. MOTHER'S MAIDEN NAME: Emma Wroten
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pyonephrosis chronic — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Uremia chronic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis generalized

Diabetes Mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 3, 1953, *to* January 16, 1953 *that I last saw the deceased alive on* Jan. 16, 1953, *and that death occurred at* 1:20am., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank J. Geraghty M. D.
23B. ADDRESS: 1100 N. Caroline Street
23C. DATE SIGNED: Jan. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JAN 1 7 1953
REGISTRAR'S SIGNATURE: H. Taylor Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCully — ADDRESS: 130 E. Fort Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

S-416

53 0484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0484

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Paul Silverman

2. DATE OF DEATH: Jan 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — 1301
D. STREET ADDRESS (If rural, give location): 2511 Linden Ave #17

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Aug 25, 1906
9. AGE (In years last birthday): 46
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10B. KIND OF BUSINESS OR INDUSTRY: Proprietor
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Late Harry Silverman
14. MOTHER'S MAIDEN NAME: Esther Jacobs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Esther Silverman — ADDRESS: 2511 Linden Ave

MEDICAL CERTIFICATION

18. 420.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute myocardial infarction

DUE TO

(B) Arteriosclerotic heart Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8, 1953 *to* 1-15, 1953 *that I last saw the deceased alive on* 1-15, 1953 *and that death occurred at* 3 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Aaron D. Mass, M. O.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 1-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/18/53
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bro.
ADDRESS: 1124-26 W. North Avenue

VS 150

0736L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 256
53 0485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0485

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GENEVIEVE B. ECKENRODE

2. DATE OF DEATH: 1/16/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2620 N. Charles street
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2620 N. Charles street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 15 1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Boswell
14. MOTHER'S MAIDEN NAME: Frances Hinton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: William F. Eckenrode
ADDRESS: 2620 N charles

MEDICAL CERTIFICATION

18. 420.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Angina Pectoris
Hypertensive cardiovascular disease; diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 37 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis — 10 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pulmonary Edema

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1946, to Jan 16, 1953, that I last saw the deceased alive on 1/16, 1953, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE: Samuel Morrison M. D.
23B. ADDRESS: 11 E. Chase St. (2
23C. DATE SIGNED: 1/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Willistin, M.D.
25. FUNERAL DIRECTOR: CHARLES P EVANS & SON
ADDRESS: 118 W. Mt. Royal Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Sam. Morrison
11 E. Chase St.

B-634

53 0486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0486

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarah Bartlett

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1810 Druid Hill Ave
C. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1810 Druid Hill Ave.

14-03

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 1, 1890
9. AGE (In years last birthday): 62 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10B. KIND OF BUSINESS OR INDUSTRY: Pvt. family
11. BIRTHPLACE (State or foreign country): Farmville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Lane
14. MOTHER'S MAIDEN NAME: Lucy Vaughn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-30-1160
17. INFORMANT: Mrs. Beatrice James ADDRESS: 1810 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiorenal Vascular Disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

442X

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4.22., 19 37 *to* 1.15., 19 53, *that I last saw the deceased alive on* 10.2., 19 52 *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23A. SIGNATURE: James M. Fair M. D.
23B. ADDRESS: 400 N. Carrollton Ave
23C. DATE SIGNED: 1.16.53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 19, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 1 7 1953
REGISTRAR'S SIGNATURE: Hunter H. Welsh M.D.
25. FUNERAL DIRECTOR: Charles Funeral Home
1657 Druid Hill Ave

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-500
53 0487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0487

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John A. Cooney

2. DATE OF DEATH: Jan 16th 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 116 So. Gilmor St.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 116 So. Gilmor St.

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 9/23/1881
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10B. KIND OF BUSINESS OR INDUSTRY: Builders Exchange
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Cooney
14. MOTHER'S MAIDEN NAME: Mary Ellen McGrogan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Thomas L. Cooney — ADDRESS: 116 So. Gilmor St.

MEDICAL CERTIFICATION

18. 154x

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Rectum with Metastasis — Interval between onset and death: Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1953 *to* Jan 16, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Abram Goldman M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 1/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/20/53
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: John J. Lowman & Son Hollins
ADDRESS: 1 St.

VS 150

761 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

B-630

53 0488

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0488

1. NAME OF DECEASED (Type or Print): Viola A. Byrd

2. DATE OF DEATH: Jan 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hosp.
C. Length of stay in Baltimore: 15 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 17 PK
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1333 Division st

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D.
8. DATE OF BIRTH: May 20, 1913
9. AGE (In years last birthday): 39
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson Walker
14. MOTHER'S MAIDEN NAME: Sadie Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-05-7415
17. INFORMANT: Laura Mobley ADDRESS: 1333 Division st

MEDICAL CERTIFICATION

18. 4201

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 15, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 7:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C J Wellington M. D.
23B. ADDRESS: Provident Hosp
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 19, 1953
24C. NAME OF CEMETERY OR CREMATORY: arlington
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 19 1953
REGISTRAR'S SIGNATURE: Huntington Willard M.D.
25. FUNERAL DIRECTOR: George O. Nelson ADDRESS: 1303 Pressman st

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-615

53 0489

BIRTH NO. MANUGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0489

1. NAME OF DECEASED (Type or Print) Maniger Griffin

2. DATE OF DEATH January 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 823 N. Gilman St.

16-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Widowed	6-11-96	56				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. Jones

14. MOTHER'S MAIDEN NAME Mollie Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Retroperitoneal and Nasopharyngeal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver and

DUE TO

(C) Lymphosarcoma

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1952, *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* 6 15P m., *from the causes and on the date stated above.*

23A. SIGNATURE Lawrence E. Shulman M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 1-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Jan 20, 1953

24C. NAME OF CEMETERY OR CREMATORY Arbutus

24D. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1953

REGISTRAR'S SIGNATURE Huntington Willis, M.D.

25. FUNERAL DIRECTOR Guy R. E. Kelson

ADDRESS 1303 Pressman St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-5 R 5 17. Med. Exam Case Released to Hospital

53 0490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0490

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Johnson

2. DATE OF DEATH: January 13, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: Md.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 2708 Berea Rd.

25-53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1885

9. AGE (In years last birthday): 67

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Johnson

14. MOTHER'S MAIDEN NAME: Easter ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) R Pneumonia

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY

R S Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1953, *to* 1-13, 1953, *that I last saw the deceased alive on* 1-13, 1953, *and that death occurred at* 8.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE OF M. D.: Thomas R Hendry

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 1/19/1953

24C. NAME OF CEMETERY OR CREMATORY: W.F. Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Mrs Kate R Williams

ADDRESS: 3221 Schwebel

VS 150

To Be Approv. By Med. Examiner

578 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct and be especially important. Physicians: please write the causes of death clearly and legibly.

E-663

53 0491

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0491

1. NAME OF DECEASED (Type or Print): CHARLES P. EHRHARDT

2. DATE OF DEATH: Jan. 17, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beech Hill Nursing Home
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Harford Road & White Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 30, 1857
9. AGE (In years last birthday): 95 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Produce Dealer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. C. Raymond Ehrhardt, 3011 Mary — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 1 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 15-Yrs

DUE TO

(B) 2 gen'l arteriosclerosis

DUE TO

(C) 3 senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. - Cellulitis - 1 hip due to pressure

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1949, *to* Jan 17, 1953, *that I last saw the deceased alive on* Jan 16, 1953, *and that death occurred at* 6:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald W Munton M. D.
23B. ADDRESS: 3009 Evergreen Ave
23C. DATE SIGNED: 1/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: Hiss Meth. Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

O-300

53 0492

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0492

1. NAME OF DECEASED (Type or Print): HENRY OTT

2. DATE OF DEATH: 1/15/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Md.
C. Length of stay in Baltimore: Yrs. 47 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 27-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 5500 Hamlet Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 4/1/1880
9. AGE (In years last birthday): 72
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Conrad OTT
14. MOTHER'S MAIDEN NAME: Amelia KNAPP

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-16-5701
17. INFORMANT: MRS. EDNA M. OTT
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

(B) Hypertensive Cardio-

DUE TO

(C) Vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1953 to 1/15, 1953 that I last saw the deceased alive on 1/15, 1953 and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE: William T. Lucas M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-19-53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. Kirk
ADDRESS: 5305 Harford Rd

VS 150

6446A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 640
53 0493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0493

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Grill

2. DATE OF DEATH: Jan-16-1953

3. PLACE OF DEATH: A. Baltimore City, Maryland — Med. 0816

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 508 N. Washington St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	White		11-11-91	61				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Building	Baltimore Md	

13. FATHER'S NAME: Louis Grill

14. MOTHER'S MAIDEN NAME: Theresa Fuchs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of larynx — INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1952, *to* 1-16, 1953, *that I last saw the deceased alive on* 1-16, 1953 *and that death occurred at* 7:40 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Franklin William M.D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jan 19-1953

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 19 1953

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Ellwick Funeral Home

ADDRESS: 2005 Adams St

VS 150

29024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct dates are especially important.

H 125 DOA

53 0494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0494

BIRTH NO. 52-31621

1. NAME OF DECEASED (Type or Print): Baby Gil Hopkins

2. DATE OF DEATH: Jan-15-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Hopkins Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days: Lifs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 6-04
D. STREET ADDRESS (If rural, give location): 1905 Jefferson St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 16; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Hopkins
14. MOTHER'S MAIDEN NAME: Carrie Hopkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

751 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hydrocephalus, Meningocele
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
R H Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

CERTIFICATION APPROVED BY
M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

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19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1953, *to* 1-15, 1953, *that I last saw the deceased alive on* DOA, 1953, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: J H Kaiser M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 1/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan 17th/53
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Willis, M.D.
25. FUNERAL DIRECTOR: Elroy O Wilson
ADDRESS: 1000 Brantley Av

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

P-456

BIRTH NO. 53 0495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0495

1. NAME OF DECEASED (Type or Print): Palmer, Mr. Clarence Otho

2. DATE OF DEATH: Jan. 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore 71 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halethorpe ~~Baltimore~~, Maryland
D. STREET ADDRESS (If rural, give location): 5529 Oregon Avenue #27

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 25, 1880
9. AGE (In years last birthday): 72 Yrs. | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Palmer
14. MOTHER'S MAIDEN NAME: Caroline Wachtel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lydia Palmer - ADDRESS: 5529 Oregon Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1

(A) Acute Coronary Thrombosis — 18 hrs

DUE TO C.C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1953 *to* 1-16, 1953 *that I last saw the deceased alive on* 1-16, 1953, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Clarence Otto M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 1-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington E. Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickner & Sons
ADDRESS: Balto. 17, Md.

VS 150

5124 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

H-514

53 0496

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 53 0496

1. NAME OF DECEASED (Type or Print): Humple, Walter Richardson, Sr.

2. DATE OF DEATH: January 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~XXXXXXXXX~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Reisterstown~~ Randallstown
D. STREET ADDRESS (If rural, give location): ~~Berryman Lane~~ Old Court Rd.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20, 1905
9. AGE (In years last birthday): 47 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bridge carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Transit
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Humple Const.
14. MOTHER'S MAIDEN NAME: Mary Henrietta Keene

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Daisy Humple-Old Court Rd., Randalls- town ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1

(A) Coronary artery Occlusion

DUE TO

(B) Arteriosclerotic C V Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 6, 1953 *to* January 14, 1953 *that I last saw the deceased alive on* Jan. 14, 1953, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. O. Coffey Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Jan. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/17/53
24C. NAME OF CEMETERY OR CREMATORY: Mt. Parran Cem.
24D. LOCATION (City, town, or county) (State): Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Eichner & Sons
ADDRESS: Balto 17, Md.

VS 150

51024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

H 656

53 0497
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 0497

1. NAME OF DECEASED (Type or Print): JAMES EDWARD HARNER

2. DATE OF DEATH: Jan. 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3007 Westwood Ave.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3007 Westwood Ave.

15-06

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 5, 1895
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: private
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry C. Harner
14. MOTHER'S MAIDEN NAME: Jennie -- (?)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-16-3509
17. INFORMANT: Mrs. Thelma L. Harner — ADDRESS: 3007 Westwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — 3 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Coronary Thrombosis — 3 hrs ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Coronary Atherosclerosis. — 2 yr. ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Angina Pectoris — 7 yr.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to 1/15, 1953 that I last saw the deceased alive on 1/15, 1953, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Stuart E. Bogrod M. D.
23B. ADDRESS: 1905 N. Baltimore St.
23C. DATE SIGNED: 1/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/19/53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Thurlington Wilhelm M.D.
25. FUNERAL DIRECTOR: Wm. J. Dickner & Sons
ADDRESS: Balto 17, Md.

VS 150

6828A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

M-534

CERTIFICATE CORRECTED 1-26-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 0498 Registered No.

53 0498 BIRTH NO.

1. NAME OF DECEASED (Type or Print): MORRIS MAURICE MANDELL

2. DATE OF DEATH: January 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N. Y.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmhurst, Long Island
D. STREET ADDRESS (If rural, give location): 4144 Hampton Place

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10B. KIND OF BUSINESS OR INDUSTRY: Novelty
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert
14. MOTHER'S MAIDEN NAME: Bertha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Martha Mandell — Same ADDRESS

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* insepction & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Jan. 17, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 1-17-53
24C. NAME OF CEMETERY OR CREMATORY: Mount Zion
24D. LOCATION (City, town, or county) (State): Maspeth L. I.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 17 1953
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 151

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

C-4116

53 0499

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0499

1. NAME OF DECEASED (Type or Print): HILARY COLBERT

2. DATE OF DEATH: January 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crownsville
D. STREET ADDRESS (If rural, give location)

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-5-1894
9. AGE (In years last birthday): 58
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Belvard Farm
11. BIRTHPLACE (State or foreign country): Harwood, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Colbert
14. MOTHER'S MAIDEN NAME: Milley Colbert Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 220-16-8595
17. INFORMANT: Martha Colbert
ADDRESS: Crownsville Md.

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Smith M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 1/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-18-1953
24C. NAME OF CEMETERY OR CREMATORY: Hopes Chapel
24D. LOCATION (City, town, or county) (State): Mayo, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 18 1953
REGISTRAR'S SIGNATURE: Huntington
25. FUNERAL DIRECTOR: William Buse
ADDRESS: 1082 N. Washington Annapolis, Md.

VS 151

83010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-511

53 0500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 0500

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ARMFIELD Franklin VanBibber

2. DATE OF DEATH: 1/16/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home + Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Harford.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belair
D. STREET ADDRESS (If rural, give location): 303 S. Main St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: June 18, 1872
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Van Bibber
14. MOTHER'S MAIDEN NAME: Adele Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unk.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital chart. ADDRESS

MEDICAL CERTIFICATION

18. 572.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Paralytic Ileus — 36 hours
DUE TO recent exploratory operation
(B) multiple diverticula of sigmoid colon with — 1 yr.
DUE TO
(C) chronic recurrent sigmoid colitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1/14/53
19B. MAJOR FINDINGS OF OPERATION: Abdominal adhesions
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH: —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 1/3, 1953, to 1/16, 1953, that I last saw the deceased alive on 1/16, 1953, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Arthur F. Woodward M. D.
23B. ADDRESS: Church Home + Hospital Balto. Md.
23C. DATE SIGNED: 1/17/53

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: Jan 19 1953
24C. NAME OF CEMETERY OR CREMATORY: Spesutia Cemetery
24D. LOCATION (City, town, or county) (State): Perryman, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 18 1953
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: J. S. Foster
ADDRESS: Belair, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.